

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90019 036 ***150.00

DOCUMENT # P02000073850

1. Entity Name
O & M MEDICAL EQUIPMENT CORP.



Principal Place of Business
**1140 W 50 ST. SUITE 407
HIALEAH, FL 33012**

Mailing Address
**1140 W 50 ST. SUITE 407
HIALEAH, FL 33012**

40019513



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0734063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTUNEZ, ORLANDO
1475 W. 38 PL. APT. 206
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANTUNEZ, ORLANDO
STREET ADDRESS	1475 W. 38 PL. APT. 206
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	TD
NAME	ANTUNEZ, LAURA M
STREET ADDRESS	1140 W. 50 ST., SUITE 407
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/05

Date

Daytime Phone #