2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P02000075379

Entity Name: MANAGED MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

8000 S. ORANGE AVE
SUITE 110
ORLANDO, FL 32809 US

New Principal Place of Business:

7200 LAKE ELLENOR DR.
SUITE 207
ORLANDO, FL 32809 US

Current Mailing Address:

8000 S. ORANGE AVE
SUITE 110
ORLANDO, FL 32809 US

New Mailing Address:

7200 LAKE ELLENOR DR.
SUITE 207
ORLANDO, FL 32809 US

FEI Number: 01-0733337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, LUIS A
8000 S. ORANGE AVE
SUITE 110
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

RAMOS, LUIS A
7200 LAKE ELLENOR DR.
SUITE 207
ORLANDO, FL 32809 US

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.

SIGNATURE: LUIS A. RAMOS 04/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAMOS, LUIS A
Address: 8000 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32809 US

Title: D ( ) Delete
Name: RAMOS, LILIVETTE
Address: 8000 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAMOS, LUIS A
Address: 7200 LAKE ELLENOR DR., SUITE 207
City-St-Zip: ORLANDO, FL 32809 US

Title: D (X) Change ( ) Addition
Name: RAMOS, LILIVETTE
Address: 7200 LAKE ELLENOR DR., SUITE 207
City-St-Zip: ORLANDO, FL 32809 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. RAMOS D 04/12/2005
Electronic Signature of Signing Officer or Director Date