2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P02000075379

Entity Name: MANAGED MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: RAMOS, LILLIAN B
Address: 7943 SNOWBERRY CR
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: LUIS RAMOS D 04/25/2011

Electronic Signature of Signing Officer or Director Date