2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)					FILED		
DOCUMENT # P02000080967 1. Entity Name					Feb 09, 2004 08:00 AM Secretary of State		
R&TM	EDICAL EQUIPMENT, INC				Secretary	oi Sta	ite
Principal Place of Business Mailing Address					1		
3750 WEST 16TH AVE.		3750 WEST 16TH AVE.					
SUITE 240 U HIALEAH FL 33012		SUITE 240 U HIALEAH FL 33012		j			
IMALLAITI	. 33012	MIALLAN FL 33012				#	##{##
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number 52-2374808	<u> </u>	pplied For ot Applicable	
Zıp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	iditional ed
ļ	6. Name and Address of Curren	t Registered Agent	Ala		7. Name and Address of New Registered	Agent	
GONZALEZ, MARIA T			Na	rne			
143	NZALLZ, MANIA 1 87 WEST 38TH STREET NLEAH FL 33012	Street Address ((P.O. Box Number is Not Acceptable)			
			Cit	у	F	Zip Cod	de
8 The above	e named entity submits this statement f	or the purpose of changing it	te registered offi	oe or register	red agent, or both, in the State of Florida. I an	- ;	
the obliga	ations of registered agent.	or the purpose of changing in	is registered our	- - -		i iainisar wilii,	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	t and the department of the de	OTE Registered Agent			· <u></u>	 .
	the same of the sa	it also the it applicable (NC	JIE Registered Agent	signature required	I when reinstating) DATE		<u>.</u>
	FILE NOW!!! FEE IS \$150.00	hala year !			9. Election Campaign Financing	\$5.0	00 May Be
	er May 1, 2004 Fee will be \$550.00 k Payable to Florida Department (Trust Fund Contribution.		d to_Fees
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIBECTOR	8 N 11
TITLE	Р	☐ Delete	TITLE		ABONIONO TO CHARGE TO CHARGE IN AN	☐ Change	Addition
NAME	GONZALEZ, MARIA T		NAME		U00000043396	•/iang•	
STREET ADDRESS	1437 WEST 38TH STREET		STREET ADDI	RESS	02/10/04-80062-	n19 150	กก
CITY-ST-ZIP	HIALEAH FL 33012		CMY-ST-ZIP	<u> </u>		314 1441	.00
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME OTOGET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDI				
 -		·					
TITLE NAME	†	☐ Delete	TALE NAME			Change	Addition
STREET ADDRESS			STREET ADDI	RESS			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDR	}			
CITY-ST-ZIP			CITY - ST - ZIP				
TITLE	}	Delete	TITLE			☐ Change	Addition
NAME			NAME OTROCT +ODE				
STREET ADDRESS CITY-ST-ZIP			STREET ADDF				
TILE		□ s.ii.				[] Ph	
NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	{		STREET ADDI	RESS			
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exemption	stated in Se	ction 119.07(3)(i), Florida Statutes. I further ce	ertify that the i	nformation
indicated of the co	on mis report or supplemental report in rporation or the receiver of trustee emp	s true and accurate and that cowered to execute this repor	. my signature st rt as required by	nail have the s / Chapter 607	same legal effect as if made under oath; that I ', Florida Statutes, and that my name appears	am an officer in Block 10 o	or director
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 frustee 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.							

02-03-04 Date

Daytime Phone #