


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000093975</b> 1. Entity Name MIAMI SOUTH DURABLE MEDICAL EQUIPMENT, INC.	
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Principal Place of Business 13380 SW 131 STREET SUITE 117 MIAMI, FL 33186	Mailing Address 13380 SW 131 STREET SUITE 117 MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2374591	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

METSCH, BENJAMIN R  
1455 NW 14TH STREET  
MIAMI, FL 33125

**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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SUAREZ, VIVIAN G 13380 SW 131 STREET SUITE 117 MIAMI, FL 33186
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1000000078851  
03/08/04-80042-013 150.00

**DO NOT WRITE  
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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:** Vivian G. Suarez **3-1-04** **(305) 278-8983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #