

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127954

FILED
Apr 26, 2007
Secretary of State

Entity Name: WESTLAND MEDICAL EQUIPMENT CORP.

Current Principal Place of Business:

1800 W 49 ST
STE 324-H
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1800 W 49 ST
STE 324-H
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 83-0344321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, TERESA
550 WEST 38 PLACE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

SOTO, TERESA
1800 W 49 ST
STE 324-H
HIALEAH, FL 33012 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: TERESA SOTO

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOTO, TERESA
Address: 550 WEST 38 PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTO, TERESA
Address: 1800 W 49 ST. STE 324-H
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERESA SOTO

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date