

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008329

FILED  
Jul 07, 2005  
Secretary of State

Entity Name: AMESCO HOSPITAL SUPPLY CO.

## Current Principal Place of Business:

6915 NW 82ND AVE.  
MIAMI, FL 33166

## New Principal Place of Business:

8550 NW 30 TERRACE.  
DORAL, FL 331221917 US

## Current Mailing Address:

6915 NW 82ND AVE.  
MIAMI, FL 33166

## New Mailing Address:

8550 NW 30 TERRACE  
DORAL, FL 331221917 US

FEI Number: 02-0673890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OJEDA, IVAN  
6915 NW 82ND AVE.  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

OJEDA, IVAN  
8550 NW 30 TERRACE  
DORAL, FL 331221917 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:

07/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OJEDA, IVAN  
Address: 6915 NW 82ND AVE.  
City-St-Zip: MIAMI, FL 33166

Title: STD ( ) Delete  
Name: OJEDA, HECTOR I  
Address: 6915 NW 82ND AVE.  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: OJEDA, IVAN  
Address: 8550 NW 30 TERRACE  
City-St-Zip: DORAL, FL 331221917 US

Title: STD (X) Change ( ) Addition  
Name: OJEDA, HECTOR I  
Address: 8550 NW 30 TERRACE  
City-St-Zip: DORAL, FL 331221917 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: IVAN OJEDA

PD

07/07/2005

Electronic Signature of Signing Officer or Director

Date