

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000008329

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** AMESCO HOSPITAL SUPPLY CO.

**Current Principal Place of Business:**

8550 NW 30 TERRACE.  
DORAL, FL 331221917 US

**New Principal Place of Business:**

**Current Mailing Address:**

8550 NW 30 TERRACE  
DORAL, FL 331221917 US

**New Mailing Address:**

**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  
8550 NW 30 TERRACE  
DORAL, FL 331221917 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:** PD  
**Name:** OJEDA, IVAN  
**Address:** 8550 NW 30 TERRACE  
**City-St-Zip:** DORAL, FL 331221917 US

**Title:** STD  
**Name:** OJEDA, HECTOR I  
**Address:** 8550 NW 30 TERRACE  
**City-St-Zip:** DORAL, FL 331221917 US

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:** IVAN OJEDA

PD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date