2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 22, 2005
Secretary of State

DOCUMENT# P03000024905

Entity Name: FAMILY MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

8 LINDSAY CT
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

8 LINDSAY CT
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 83-0350181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEITAS, EYLEN
3530 NW 98 STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

MENA, JUAN M
8 LINDSAY CT
HIALEAH, FL 33010 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: JUAN M. MENA 11/22/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLEITAS, EYLEN
Address: 3530 NW 98 STREET
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: MENA, JUAN M
Address: 8 LINDSAY CT
City-St-Zip: HIALEAH, FL 33010

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: JUAN M. MENA PRES 11/22/2005
Electronic Signature of Signing Officer or Director Date