

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025155

FILED
Apr 30, 2004
Secretary of State

Entity Name: SPECIAL CARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

5375 STIRLING ROAD
SUITE B
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5375 STIRLING ROAD
SUITE B
DAVIE, FL 33314

New Mailing Address:

FEI Number: 74-3081203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, DAGOBERTO
5375 STIRLING ROAD
SUITE B
DAVIE, FL 33314 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEGA, DAGOBERTO
Address: 5375 STIRLING ROAD, SUITE B
City-St-Zip: DAVIE, FL 33314 US

Title: VP () Delete
Name: MUGNANI, RICARDO
Address: 5375 STIRLING ROAD, SUITE B
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAGOBERTO VEGA

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date