2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2005
Secretary of State

DOCUMENT# P03000029973

Entity Name: D MEDICAL EQUIPMENT CORPORATION

Current Principal Place of Business:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32746

New Principal Place of Business:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32771

Current Mailing Address:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32746

New Mailing Address:

3850 ST. JOHNS PARKWAY
SANFORD, FL 32771

FEI Number: 74-3087637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAZEN, STEVEN A
156 HARSTON COURT
HEATHROW, FL 32746 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: D ( ) Delete
Name: DRAZEN, STEVEN A
Address: 156 HARSTON COURT
City-St-Zip: HEATHROW, FL 32746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: DRAZEN, ANDREA
Address: 156 HARSTON COURT
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Change (X) Addition
Name: DRAZEN, LORI
Address: 156 HARSTON COURT
City-St-Zip: HEATHROW, FL 32746

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: LORI DRAZEN D 03/06/2005
Electronic Signature of Signing Officer or Director — Date