

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90003 048 \*\*\*150.00

DOCUMENT # P03000044213

1. Entity Name  
M GROUP MEDICAL EQUIPMENT, INC.



Principal Place of Business  
7757 NW 146TH STREET  
MIAMI LAKES, FL 33016

Mailing Address  
7757 NW 146TH STREET  
MIAMI LAKES, FL 33016

54067403



2. Principal Place of Business  
3140 WEST 84TH STREET

3. Mailing Address  
3140 West 84th St.

07302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.  
SUITE 9

Suite, Apt. #, etc.  
SUITE 9

City & State  
HIALEAH, FLORIDA

City & State  
HIALEAH, FL

4. FEI Number  
83-0353992

Applied For  
Not Applicable

Zip  
33018

Country  
USA

Zip  
33018

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MELENDEZ, CLAUDIA  
7757 NW 146TH STREET  
MIAMI LAKES, FL 33016

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
3140 West 84th Street

SUITE 9

City  
HIALEAH

FL

Zip Code  
33018

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P,S  
MELENDEZ, CLAUDIA  
7757 NW 146TH STREET  
MIAMI LAKES, FL 33016 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
3140 West 84th St. SUITE 9  
HIALEAH, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #