2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045831

Entity Name: J.M.C. MEDICAL EQUIPMENT CORP.

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7601 WEST FLAGLER, 8181 NW 36 ST SUITE D SUITE 20-H MIAMI, FL 33144 DORAL, FL 33166

Current Mailing Address: New Mailing Address:

7601 WEST FLAGLER, 8181 NW 36 ST SUITE D SUITE 20-H MIAMI, FL 33144 DORAL, FL 33166

FEI Number: 90-0071804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CABRERA, ARELYS
7601 WEST FLAGLER,
SUITE D
MIAMI, FL 33144 US

CABRERA, ARELYS
8181 NW 36 ST
SUITE 20-H
DORAL, FL 33166 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: 01/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CABRERA, ARELYS Name: CABRERA, ARELYS

 Name:
 CABRERA, ARELYS
 Name:
 CABRERA, ARELYS

 Address:
 7601 WEST FLAGLER, STE D
 Address:
 8181 NW 36 ST

 City-St-Zip:
 MIAMI, FL 33144
 City-St-Zip:
 DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ARELYS CABRERA OWNE 01/23/2006