

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000056059

**FILED**  
**Jul 13, 2005**  
**Secretary of State****Entity Name:** JJ&D MEDICAL EQUIPMENT, INC.**Current Principal Place of Business:**HIALEAH  
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**4382 W 12 AVE  
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 81-0614262**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AMARO, MELISSA  
4382 W 12 AVE  
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**CABALLERO, JOSE L JR  
4382 W 12 AVE  
HIALEAH, FL 33012 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: JOSE L CABALLERO

07/13/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** AMARO, MELISSA  
**Address:** 4382 W 12 AVE  
**City-St-Zip:** HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** CABALLERO, JOSE L JR  
**Address:** 4382 W 12 AVE  
**City-St-Zip:** HIALEAH, FL 33012

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: JOSE L. CABALLERO

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07/13/2005

Electronic Signature of Signing Officer or Director

Date