2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

AMIONE VELOVI							•		
DOCUMENT # P0300058514 1. Entity Name RP MEDICAL EQUIPMENT, INC.						05-03-2004	4 91 224 01	7 ***15	0.00
Principal Place	e of Business	Mailing Address					•		
4980 SW 167	7TH AVE	4980 SW 167TH AVE			24066933				
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Numbe			T Ap	plied For	
ony a orato						57-116	6707		t Applicable
Zip	Country	Zip -	Country		5. Certificate	of Status Desired		8.75 Add ee Required	litional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New	Registered A	gent	
				ame					
	NE, MONIQUE CPA METTO PARK RD SUITE 207	Street Address		(P.O. Box Number is Not Acceptable)					
	TON, FL 33432								
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			Cit	ty			FL	Zip Code	e
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	inamed entity submits this statement for lons of registered agent.	the purpose of changing its f	egisteren on	lice of registe	ered agent, or but	n, in the state of F	ionua. Tairri	iiillitar Witti,	апо ассерс
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12. I hereby certify that the information supplied with this filling 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 Stephenostal 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 resolver or discovered 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 accretic with all other like empowered.

SIGNATURE

Rolando Piti

04/26/2004 954-174-104