# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 07, 2004**
**Secretary of State**

DOCUMENT# P03000077464

**Entity Name:** AMERICA MEDICAL EQUIPMENT., INC.

**Current Principal Place of Business:**

1455 NW 14TH STREET
MIAMI, FL 33125

**New Principal Place of Business:**

7601 WEST FLAGLER ST.
SUITE 222
MIAMI, FL 33144

**Current Mailing Address:**

1455 NW 14TH STREET
MIAMI, FL 33125

**New Mailing Address:**

7601 WEST FLAGLER ST.
SUITE 222
MIAMI, FL 33144

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

FAVIER, JUAN
1455 NW 14TH STREET
MIAMI, FL 33125 US

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

GONZALEZ, ARIEL
11100 S.W. 196 ST.
216-C
MIAMI, FL 33157 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: ARIEL GONZALEZ 10/07/2004
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPVP ( ) Delete
Name: FAVIER, JUAN
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

Title: ST ( ) Delete
Name: FAVIER, JUAN
Address: 1455 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPVP (X) Change ( ) Addition
Name: GONZALEZ, ARIEL
Address: 7601 WEST FLAGLER ST.#222
City-St-Zip: MIAMI, FL 33144

Title: ST (X) Change ( ) Addition
Name: GONZALEZ, ARIEL
Address: 7601 WEST FLAGLER ST. #222
City-St-Zip: MIAMI, FL 33144

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: ARIEL GONZALES DPVP 10/07/2004
Electronic Signature of Signing Officer or Director Date