

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081394

FILED
Jul 09, 2009
Secretary of State

Entity Name: HEALTH PLUS MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

5750 COLLINS AVE
15 H
MIAMI BEACH, FL 33140

New Principal Place of Business:

M
15 H
MIAMI BEACH, FL 33140

Current Mailing Address:

5750 COLLINS AVE STE
15 H
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 47-0925598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINELLI, JORGE A
5750 COLLINS AVE STE
15 H
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

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: P/D () Delete
Name: MARTINELLI, JORGE A
Address: 5750 COLLINS AVE STE 15H
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: MARTINELLI, BLANCA
Address: 5750 COLLINS AVE STE 15H
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD () Delete
Name: MARTINELLI, ALEJANDRA L
Address: 5750 COLLINS AVE STE 15H
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JORGE MARTINELLI

VPD

07/09/2009

Electronic Signature of Signing Officer or Director

Date