2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090009

Entity Name: DADE MEDICAL REPAIRS AND SALES, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8020 WES # 2	ST 23RD AVEN	IUE			
HIALEAH,	FL 33016				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ST 23RD AVEN	IUE			
# 2 HIALEAH,	FL 33016				
FEI Number:	: 20-0159047	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:					
	NO 180 TERRACE 1, FL 33029	: US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (LAMA, GINO 1814 SW 180 ⁻ MIRAMAR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SABATES, FRA	S AVENUE UNIT 1	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GINO LAMA D 03/25/2009