

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 001 ***150.00

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1. Entity Name
MED&QUIP, INC.



Principal Place of Business
**2932 SANDPIPER PLACE
CLEARWATER, FL 33762**

Mailing Address
**2932 SANDPIPER PLACE
CLEARWATER, FL 33762**

00010004



DO NOT WRITE IN THIS SPACE

02052006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1183695

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHRS, DENIS A
2575 ULMERTON RD STE 210
CLEARWATER, FL 33762**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KOMARNICKI, DEBRA A 2932 SANDPIPER PL CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KOMARNICKI, THOMAS P. 2932 SANDPIPER PLACE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - KATHRYN KOMARNICKI 2932 SANDPIPER PLACE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KOMARNICKI, THOMAS DANIEL 2932 SANDPIPER PLACE CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (727) 561-0963

Date

Daytime Phone #