


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101367 1. Entity Name ORTHO EQUIPMENT MEDICAL SUPPLY, CORP.	
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Principal Place of Business 145 MADEIRA AVENUE SUITE #315 CORAL GABLES, FL 33134	Mailing Address 145 MADEIRA AVENUE SUITE #315 CORAL GABLES, FL 33134
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0233427	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUGO, OMAR
145 MADEIRA AVENUE
SUITE #315
CORAL GABLES, FL 33134

**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, 2005 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	P LUGO, OMAR 145 MADEIRA AVENUE #315 CORAL GABLES, FL 33134
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04/13/05-80035-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #