

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000112372

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** AFFORDABLE MEDICAL EQUIPMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

6930 BONNEVAL RD  
SUITE 3  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

3223 SUNSET BLVD  
SUITE 104  
WEST COLUMBIA, SC 29169

**New Mailing Address:**

**FEI Number:** 75-3132737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHEW, MADHU M  
6930 BONNEVAL RD  
SUITE 3  
JACKSONVILLE, FL 32216 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MATHEW, MADHU M  
Address: 3223 SUNSET BLVD, SUITE 104  
City-St-Zip: WEST COLUMBIA, SC 29169 US

I hereby 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 all other like empowered.

SIGNATURE: MADHU M. MATHEW

CEO

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date