


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000114095	
1. Entity Name PROMED MEDICAL EQUIPMENT & SUPPLY, INC.	

Principal Place of Business 1490 WEST 49TH PLACE SUITE 512 HIALEAH, FL 33012	Mailing Address 631 NW 45TH AVE. MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE

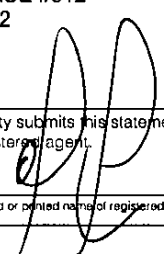


01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0803683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, SAMUEL 1490 WEST 49 PLACE #512 HIALEAH, FL 33012

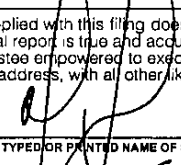
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 1-19-2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000596752 01/24/07-80008-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, SAMUEL 1490 WEST 49 PLACE, #512 HIALEAH, FL 33012
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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:  DATE 1-19-2007