## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2004 8:00 am Secretary of State 05-03-2004 90415 044 \*\*\*150.00

1. Entity Nam	MENT # P0300013 STAR MEDICAL EQUIPM		IC.			03-03-200	4 90413 044 ****	130.00	
Principal Place of Business 8711 NW 151TH TERRACE		Mailing Address 8711 NW 151TH TERRACE				54047355			
MIAMI LAKES, FL 33018		MIAMI LAKES, FL 33018							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012004	Chg-P	CR2E034 (10/03	·	
City & State		City & State		4. FEI Number 20 -	-04/38		Applied For Vot Applicable		
Zip	Country	Zip	Countr			f Status Desired	□ \$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent				Name	7. Name and A	Address of New A	redisteled Agent	<del></del>	
GIL, JULIO J 8711 NW 151TH TERRACE MIAMI LAKES, FL 33018 54				Street Address (P.O. Elox Number is Not Acceptable)					
₩.			 						
5 V. 2			City	FL Zip Code					
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 protect nation or registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.   Added to Fees									
10.		ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO		
HILE NAME			NAM NAM	1			☐ Chang	Addition	
STREET ADDRESS OHY-SI-ZIP	8711 NW 151TH TERRACE SII		STRE	EET ADORESS -S1-ZIP					
TIFLE	☐ Delete Hit		ì			☐ Charg	Addition		
NAME STREET AIDDRESS			NAM SIRE	ET ADDRESS					
CITY-ST-ZIP	on con		-ST-ZIP						
TOTALS * NAME			nas.				☐ Chang	Addition	
STREET ADDRESS				EET ADDRESS					
CHY- SI - ZIP	<del></del>	<del></del>		ST-ZIP	<del></del>				
TIFLE NAME			THE.				Charg	e Addition	
STREET ADDRESS CITY+ST-2IP	SFR		ET ADDRESS -ST-ZIP						
WILE	☐ Delete IIII		I	·		☐ Chang	Addition		
MAAKE STREET ADDRESS			MAA/ SIR	EET ADDRESS					
CLTY-ST-ZIP			CITY	· ST-ZIP					
THTLE		☐ Deleta	THE				☐ Chang	Addition	
NAME STREET ADDRESS			NAM SER	EET ADDRESS					
CITY-ST-2IP CITY			-ST-ZIP						
1 40 11	and the contract of the contra	Lith thin filing along not encolify t			Caption 440 07(0)(1)	Prince of the Control	the state of the s		

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 suppliemental 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 armpowered 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.

GNATURE:

JULIO 5. G.I. 148. 3/30/04 835-3537 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR