2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2004
Secretary of State

DOCUMENT# P03000145068

Entity Name: M.Y. MEDICAL EQUIPMENTS CORPORATION

Current Principal Place of Business:

631 SW 113 TERRA
PEMBROKE PINES, FL 33025

New Principal Place of Business:

1745 WEST 37TH STREET
BAY 13
HIALEAH, FL 33012

Current Mailing Address:

631 SW 113 TERRA
PEMBROKE PINES, FL 33025

New Mailing Address:

1745 WEST 37TH STREET
BAY 13
HIALEAH, FL 33012

FEI Number: 03-0532604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OJEDA, YORDANY
631 SW 113 TERRA
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

OJEDA, YORDANY
1745 WEST 37TH STREET
BAY 13
HILAEAH, FL 33012 US

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: YORDANY OJEDA 12/08/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OJEDA, YORDANY
Address: 631 SW 113 TERRA
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V ( ) Delete
Name: OLIVE, MAHE F
Address: 631 SW 113 TERRA
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: OJEDA, YORDANY
Address: 1745 WEST 37TH STREET
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: YORDANY OJEDA P 12/08/2004
Electronic Signature of Signing Officer or Director Date