


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90002 038 \*\*\*150.00

<b>DOCUMENT # P04000000555</b>		
1. Entity Name <b>SWIFT MEDICAL EQUIPMENT SERVICES, INC.</b>		

Principal Place of Business <b>730 SE 8TH ST., STE. 108 HIALEAH, FL 33010</b>	Mailing Address <b>730 SE 8TH ST., STE. 108 HIALEAH, FL 33010</b>
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**66433122**



2. Principal Place of Business <b>730 SE 8th St Hialeah FL</b>	3. Mailing Address <b>730 SE 8th St Hialeah FL</b>
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08092004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. <b>B-108</b>	Suite, Apt. #, etc. <b>B-108</b>
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City & State <b>Hialeah</b>	City & State <b>Hialeah</b>
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4. FEI Number <b>20-0571538</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33010</b>	Country <b>Dade</b>	Zip <b>33010</b>	Country <b>Dade</b>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>GIL, LEONARDO 730 SE 8TH ST., STE. 108 HIALEAH, FL 33010</b>	
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7. Name and Address of New Registered Agent Name: <b>Leonardo Gil</b> Street Address (P.O. Box Number is Not Acceptable): <b>730 SE 8th St B-108</b> City: <b>Hialeah</b> FL Zip Code: <b>33010</b>	
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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: Leonardo Gil DATE: 8-13-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD GIL, LEONARDO 730 SE 8TH ST., STE. 108 HIALEAH, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VPD SAMALEA, ANTONIO 730 SE 8TH ST., STE. 108 HIALEAH, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leonardo Gil DATE: 8-13-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 66433122

#P04000000555

7-21-04.

Swift Medical Equipment Services Inc.  
730 SE 8th St, STE. 108 B  
Hialeah FL, 33010.  
(305-882-8266)

This is for Katrina Sulphur.  
I did not receive the  
profit annual Report form for  
this year (03, 2004)

Thank you. @ Check on file  
Leonardo Gil. PRESIDENT. for \$300.00  
x Leonardo Gil.