

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90027 004 ***150.00

DOCUMENT # P04000000555

1. Entity Name

SWIFT MEDICAL EQUIPMENT SERVICES, INC.



Principal Place of Business

730 SE 8 STREET
SUITE 108-B
HIALEAH FL 33010

Mailing Address

730 SE 8 STREET
SUITE 108-B
HIALEAH FL 33010

2. Principal Place of Business

730 SE 8th Street

Suite, Apt. #, etc.

108-B

City & State

Hialeah FL

Zip

33010

Country

3. Mailing Address

730 SE 8th Street

Suite, Apt. #, etc.

108-B

City & State

Hialeah FL

Zip

33010

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0571538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIL, LEONARDO
730 SE 8 STREET
SUITE 108-B
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Leonardo Gil

Street Address (P.O. Box Number is Not Acceptable)

730 SE 8 STREET Suite 108-B

City

Hialeah

FL

Zip Code

33010

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVPS	<input type="checkbox"/> Delete
NAME	GIL, LEONARDO	
STREET ADDRESS	730 SE 8TH ST., STE. 108-B	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GIL, LEONARDO	
STREET ADDRESS	730 SE 8TH ST., STE. 108-B	
CITY-ST-ZIP	HIALEAH FL 33010	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-882-8266

Daytime Phone #