2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# P04000020874

Entity Name: PERFORMANCE MEDICAL EQUIPMENT AND SUPPLIES, INC.

Current Principal Place of Business:

801 W. 49TH STREET
229
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

801 W. 49TH STREET
229
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-0545401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'BOURKE, MICHAEL III
801 W. 49TH ST
229
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

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: O'BOURKE, MICHAEL III
Address: 801 W. 49TH ST, #229
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL O'BOURKE P 07/01/2005

Electronic Signature of Signing Officer or Director — Date