


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000033491	
1. Entity Name REMEDY MEDICAL EQUIPMENT, INC.	

Principal Place of Business 1335 10 ST E STE A PALMETTO, FL 34221	Mailing Address 1335 10 ST E STE A PALMETTO, FL 34221
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01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0596917	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRISON, RCRAIG ESQ LYONS, BEAUDRY & HARRISON, P.A. 1605 MAIN ST STE 1111 SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000401705 02/02/06-80054-019 158.75
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10. OFFICERS AND DIRECTORS		
TITLE	P	HENRY, LAWRENCE A
NAME		
STREET ADDRESS		11308 28 ST CIR E
CITY-ST-ZIP		PARRISH, FL 34219
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lawrence A Henry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
1/22/06 941-721-6272 <small>Date Daytime Phone #</small>