

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90088 013 \*\*\*150.00

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01142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000042989</b> 1. Entity Name <b>R.A. MEDICAL EQUIPMENT &amp; SUPPLIES, INC.</b>			
Principal Place of Business <b>10830 STACEY LANE BOCA RATON, FL 33428</b>		Mailing Address <b>10830 STACEY LANE BOCA RATON, FL 33428</b>	
2. Principal Place of Business <b>15200 Jog Road # A-3</b> Suite, Apt. #, etc. <b># A-3</b>		3. Mailing Address <b>15200 Jog Road</b> Suite, Apt. #, etc. <b># A-3</b>	
City & State <b>Delray Beach, FL</b>		City & State <b>Delray Beach, FL</b>	
Zip <b>33446</b> Country <b>U.S.A.</b>		Zip <b>33446</b> Country <b>U.S.A.</b>	
4. FEI Number <b>200822934</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SANAIA, AMIN 10830 STACEY LANE BOCA RATON, FL 33428</b>		7. Name and Address of New Registered Agent Name <b>James Kestler</b> Street Address (P.O. Box Number Not Acceptable) <b>15200 Jog Road # A-3</b> City <b>Delray Beach FL</b> Zip Code <b>33446</b>	
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 <b>President</b> <span style="float: right;">2/25/05</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANAIA, AMIN</b> <b>10830 STACEY LANE</b> <b>BOCA RATON, FL 33428</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>James Kestler</b> <b>21586 St Andrews Grand Circle</b> <b>Boca Raton, FL 33486</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:		2/25/05 (561)445 3434	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	