

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000052963

FILED
Sep 23, 2005
Secretary of State

Entity Name: CONTINENTAL MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

2123 W 76 STREET
HIALEAH, FL 33016

New Principal Place of Business:

2209 WEST 76 STREET
HIALEAH, FL 33016 US

Current Mailing Address:

2123 W 76 STREET
HIALEAH, FL 33016

New Mailing Address:

2209 WEST 76 STREET
HIALEAH, FL 33016 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDERO, REINA
2123 W 76 STREET
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

REDERO, REINA
2209 WEST 76 STREET
HIALEAH, FL 33016 US

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: REINA REDERO

09/23/2005

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/D () Delete
Name: REDERO, REINA
Address: 2123 W 76 STREET
City-St-Zip: HIALEAH, FL 33016

Title: VP/D () Delete
Name: REDERO, RAMON
Address: 2123 W 76 STREET
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABRERA, LEYDI LAURA
Address: 2209 WEST 76 STREET
City-St-Zip: HIALEAH, FL 33016 US

Title: S (X) Change () Addition
Name: REDERO, REINA
Address: 2209 WEST 76 STREET
City-St-Zip: HIALEAH, FL 33016 US

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: LEYDI LAURA CABRERA

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09/23/2005

Electronic Signature of Signing Officer or Director

Date