


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90083 038 \*\*\*158.75

**DOCUMENT # P04000055609**

1. Entity Name  
**FAMILY MEDICAL EQUIPMENT & SUPPLY, INC.**



Principal Place of Business  
**2290 S VOLUSIA AVE SUITE F2  
 ORANGE CITY, FL 32763**

Mailing Address  
**2290 S VOLUSIA AVE SUITE F2  
 ORANGE CITY, FL 32763**

**50010763**



2. Principal Place of Business  
**2290 S. Volusia Ave**

3. Mailing Address  
*same*

Suite, Apt. #, etc.  
**F2**

Suite, Apt. #, etc.  
*same*

01062005 Chg-P CR2E034 (10/03)

City & State  
**Orange City**

City & State

Zip  
**FL 32763**

Country  
**Volusia**

Zip

Country

4. FEI Number  
**56-2446963**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROQUE, LAZARO  
 1610 LANGAN AVE  
 DELTONA, FL 32738**

7. Name and Address of New Registered Agent

Name **Abilen ROQUE**

Street Address (P.O. Box Number is Not Acceptable)  
**1610 Langan Ave**

**Deltona**

City **FL** Zip Code **32738**

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  *Abilen Roque* (NOTE: Registered Agent signature required when reinstating) DATE **1-14-05**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Lazaro ROQUE 1610 Langan Ave, Deltona FL 32738</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Abilen ROQUE 1610 Langan Ave Deltona FL 32738</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  *Abilen Roque* DATE **1-14-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR