

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90294 031 ***158.75

DOCUMENT # P04000062717 1. Entity Name UNITED MEDICAL RESPIRATORY EQUIPMENT & SUPPLIES, INC.			
Principal Place of Business 12762 SW 47 TERR. MIAMI, FL 33175		Mailing Address 12762 SW 47 TERR. MIAMI, FL 33175	
2. Principal Place of Business United Medical Respiratory Suite, Apt. #, etc. 2315 NW 27th AVE City & State MIAMI, Florida Zip 33142		3. Mailing Address United Medical Respiratory Suite, Apt. #, etc. 2315 NW 27th AVE City & State MIAMI, Florida Zip 33142	
4. FEI Number 20-1003165		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CALAFELL, JUAN A 12762 SW 47 TERR. MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Calafell, Juan A. Street Address (P.O. Box Number is Not Acceptable) 3751 SW 26 Terr. City MIAMI FL Zip Code 33134	
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PT CALAFELL, JUAN ANGEL 12762 SW 47TH TERRACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Calafell, Juan Angel 3751 SW 26 Terr. MIAMI, FL. 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ALVAREZ, MARIA C 12762 SW 47TH TERRACE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Alvarez, Maria C. 3751 SW 26 Terr. MIAMI, FL. 33134 <input checked="" 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
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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: 		786-499-0553 <small>Date Daytime Phone #</small>	