

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062730

**FILED**  
**Jun 16, 2005**  
**Secretary of State**

**Entity Name:** PREMIER MEDICAL EQUIPMENT & BILLING SERVICES, INC.

**Current Principal Place of Business:**

526 NW 57 AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

526 NW 57 AVE  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 57-1202895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SAAVEDRA, MARELY  
8580 NW 6 LANE #101  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: PVD ( ) Delete  
Name: SAAVEDRA, MARELY  
Address: 526 NW 57 AVE  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SAAVEDRA, MARELY  
Address: 526 NW 57 AVE  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Change (X) Addition  
Name: GARCIA, SIRILANKA  
Address: 830 SE 3 PLACE  
City-St-Zip: HIALEAH, FL 33010 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: MARELY SAAVEDRA

P

06/16/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date