

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000085354

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** DANIA MEDICAL EQUIPMENT & SUPPLIES INC.

**Current Principal Place of Business:**

346 E DAVIA BEACH BLVD  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

346 E DANIA BEACH BLVD  
DANIA, FL 33004

**New Mailing Address:**

346 E DAVIA BEACH BLVD  
DANIA, FL 33004

**FEI Number:** 20-1202640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMINOV, ALLA  
346 EAST DANIA BEACH BLVD  
DANIA, FL 33004 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AMINOV, ALLA  
Address: 346 E. DANIA BCH BLVD.  
City-St-Zip: DANIA, FL 33004

I hereby 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 all other like empowered.

**SIGNATURE:** ALLA AMINOV

P

01/07/2010

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

\_\_\_\_\_  
Date