

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000109678

Entity Name: ANM MEDICAL EQUIPMENT, CORP.

**FILED**  
**Jan 14, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

11300 NW 87 CT., #120  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

11300 NW 87 CT., #120  
HIALEAH, FL 33018

**New Mailing Address:**

FEI Number: 51-0517168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHACON, NAYMEN  
11300 NW 87 CT., #120  
HIALEAH, FL 33018 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: NAYMEN CHACON

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 ( ) Delete  
Name: CHACON, NAYMEN  
Address: 11300 NW 87 CT., #120  
City-St-Zip: HIALEAH, FL 33018

Title: V ( ) Delete  
Name: CHACON, ANTONIO  
Address: 11300 NW 87 CT., #120  
City-St-Zip: HIALEAH, FL 33018

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NAYMEN CHACON

P

01/14/2006

Electronic Signature of Signing Officer or Director

Date