

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000113975

Entity Name: J & R MEDICAL EQUIPMENT, INC.

FILED
Sep 27, 2006
Secretary of State**Current Principal Place of Business:**633 N.E. 167TH STREET
STE 604
NORTH MIAMI BEACH, FL 33162**New Principal Place of Business:****Current Mailing Address:**1165 W 49TH STREET
STE 104
HIALEAH, FL 33012**New Mailing Address:**

FEI Number: 20-1448937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DOLZ, ERIC
1165 W 49TH STREET
#104
HIALEAH, FL 33012 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

OFFICERS AND DIRECTORS:Title: P () Delete
Name: DOLZ, ERIC
Address: 1165 W 49TH STREET
City-St-Zip: HIALEAH, FL 33012Title: VP (X) Delete
Name: ARROLIGA, FERNANDO J
Address: 1111 SW 105TH AVE #607
City-St-Zip: MIAMI, FL 33174**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: ERIC DOLZ

P

09/27/2006

Electronic Signature of Signing Officer or Director

Date