

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138596

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** ALL TIME MEDICAL EQUIPMENT, CORP.

**Current Principal Place of Business:**

7105 SW 8 STREET  
SUITE 404  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7105 SW 8 STREET  
SUITE 404  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-1745945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, IRVING  
10780 SW 58 TERRACE  
MIAMI, FL 33173 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: PD  
Name: GOMEZ, IRVING  
Address: 10780 SW 58 TERRACE  
City-St-Zip: MIAMI, FL 33173

Title: VP  
Name: GOMEZ, MARIA B  
Address: 10780 SW 568 TERRACE  
City-St-Zip: MIAMI, FL 33173

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: IRVING GOMEZ

PD

04/28/2011

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

\_\_\_\_\_  
Date