

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # A04000140669

1. Entity Name

MED-X MEDICAL EQUIPMENT CORP.



Principal Place of Business

Mailing Address

3468 W 84 ST

3468 W 84 ST

2. Principal Place of Business

3. Mailing Address

MIAMI - 109

MIAMI - 109

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL.

MIAMI FL.

City & State

City & State

USA

USA

Zip 33018

Country

Zip 33018

Country

01312005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1769461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JOSEPH YOHAY

Street Address (P.O. Box Number is Not Acceptable)

14895 SW 36 TER

City

MIAMI

FL

Zip Code

33185

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joseph Yohay*

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JOSEPH YOHAY  
STREET ADDRESS 3468 W 84 ST  
CITY-ST-ZIP MIAMI FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500050987315  
04/16/05--01001--011 \*\*\$150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Yohay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05

Date

Daytime Phone #