2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P04000162280

Entity Name: L.I. MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

156 NW 27 AVE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

156 NW 27 AVE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 20-1964364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MESA, MANUEL
156 NW 27 AVE
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

MARTINEZ, ORLANDO
156 NW 27 AVE
MIAMI, FL 33125 US

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: ORLANDO MARTINEZ 04/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MESA, MANUEL
Address: 156 NW 27 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: MARTINEZ, ORLANDO
Address: 156 NW 27 AVE
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORLANDO MARTINEZ P 04/13/2005
Electronic Signature of Signing Officer or Director Date