

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000169161

FILED
May 07, 2008
Secretary of State**Entity Name:** R & M MEDICAL EQUIPMENT INC.**Current Principal Place of Business:**11398 W FLAGLER ST
SUITE 207
MIAMI, FL 33174**New Principal Place of Business:****Current Mailing Address:**11398 W FLAGLER ST
SUITE 207
MIAMI, FL 33174**New Mailing Address:****FEI Number:** 20-2026237**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERAZA, MADELEINE
946 NW 135 CT
MIAMI, FL 33182 US**Name and Address of New Registered Agent:**PEREZ MARTINEZ, YOEL
515 S.W. 10 AVENUE
APT.# 2
MIAMI, FL 33130 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: YOEL PEREZ MARTINEZ

05/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: PERAZA, MADELEINE
Address: 946 NW 135 CTER ST STE 207
City-St-Zip: MIAMI, FL 33182**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: PEREZ MARTINEZ, YOEL
Address: 515 S.W. 10 AVENUE APT.#2
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify 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: YOEL PEREZ MARTINEZ

DP

05/07/2008

Electronic Signature of Signing Officer or Director

Date