


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-04-2006 90210 027 ***150.00

DOCUMENT # P05000013950			
1. Entity Name SOUTH RIVER MEDICAL EQUIPMENT, INC.			
Principal Place of Business 8232 NW SOUTH RIVER DR. MEDLEY, FL 33166		Mailing Address 8232 NW SOUTH RIVER DR. MEDLEY, FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COBO, IVONNE O 11951 SW 19 STREET MIRAMAR, FL 33025		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD QUINTANA, RIGOBERTO 5894 W. 21 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VTD COBO, IVONNE O 11951 S.W. 19 STREET MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD QUINTANA, MARLENE A 5894 W. 21 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		04/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

00040069



05012006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2240779** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

ATTACHMENT
66020069

**SOUTH RIVER MEDICAL EQUIPMENT
8232 NW. SOUTH RIVER DRIVE
MEDLEY, FL 33166**

JUNE 14, 2006

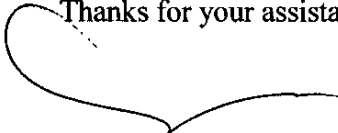
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: SOUTH RIVER MEDICAL EQUIPMENT
REFERENCE # P05000013950

Please find enclosed the 2006 ANNUAL REPORT FORM. As per your request we have provided the EMPLOYER IDENTIFICATION NUMBER (EIN) 20-2240779.

If you have any questions, please call us at 305-863-3755.

Thanks for your assistance,


Marlene A Quintana
Secretary, Director