

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000034915

1. Entity Name  
NEIGHBORHOOD MEDICAL EQUIPMENT CORP.



Principal Place of Business  
11117 WEST OKEECHOBEE ROAD  
127  
HIALEAH, FL 33018

Mailing Address  
11117 WEST OKEECHOBEE ROAD  
127  
HIALEAH, FL 33018

2. Principal Place of Business  
18704 SW 108 Ave  
Suite, Apt. #, etc.

3. Mailing Address  
18704 SW 108 Ave  
Suite, Apt. #, etc.

City & State  
MIAMI- FL

City & State  
MIAMI- FL

4. FEI Number  
20-2460603

Applied For  
Not Applicable

Zip  
33157

Country

Zip  
33157

Country

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

## 6. Name and Address of Current Registered Agent

NEIGHBORHOOD MEDICAL EQUIPMENT CORP.  
11117 WEST OKEECHOBEE ROAD  
127  
HIALEAH GARDENS, FL 33018

## 7. Name and Address of New Registered Agent

Name  
RODRIGUEZ LUIS E.

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

18704 SW 108 Ave

City  
MIAMI

FL

Zip Code  
33157

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
10-11-06

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, LUIS E 11117 WEST OKEECHOBEE ROAD SUITE 127 HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAHORA, LUDMILA 4217 SW 132 PL MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ LUIS E 4217 SW 132 PL MIAMI- FL- 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500090878555 10/16/06--01046--015 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Luis E Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/06  
Date

305-235-2492  
Daytime Phone #

10/20/06