

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90042 002 ***150.00

DOCUMENT # P05000034915	
1. Entity Name NEIGHBORHOOD MEDICAL EQUIPMENT CORP.	

Principal Place of Business 18704 SW 108 AVE MIAMI FL 33157	Mailing Address 18704 SW 108 AVE MIAMI FL 33157
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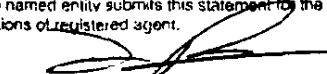
2. Principal Place of Business - No P.O. Box # 18704 SW 108th Ave	3. Mailing Address 18704 SW 108th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33157	Zip 33157
Country FL	Country FL

4. FEI Number 20-2460603	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

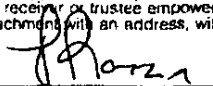
6. Name and Address of Current Registered Agent	
RODRIGUEZ, LUIS E 18704 SW 108 AVE MIAMI FL 33157	

7. Name and Address of New Registered Agent	
Name Luis Rodriguez	
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 	DATE 5/20/08

FILE NOW!!! FEE IS \$190.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAHORA, LUDMILA 4217 SW 132 PL MIAMI FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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 exemptions contained in Section 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: 	DATE 4/9/08 305 235-242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	DATE