

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000034915

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** NEIGHBORHOOD MEDICAL EQUIPMENT CORP.

**Current Principal Place of Business:**

18710 S.W. 107TH AVE., STE 27  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18710 S.W. 107TH AVE., STE 27  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 20-2460603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, LUIS E  
18704 SW 108 AVE  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, LUIS E  
Address: 4217 SW 132 PL  
City-St-Zip: MIAMI, FL 33175

Title: V  
Name: DEAHORA, LUDMILA  
Address: 4217 SW 132 PL  
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

**SIGNATURE:** LUIS RODRIGUEZ

PRES

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date