

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052350

FILED
Jan 08, 2008
Secretary of State

Entity Name: C & K MEDICAL EQUIPMENT INC

Current Principal Place of Business:

7500 NW 25 ST
STE. 290
MIAMI, FL 33122 US

New Principal Place of Business:

Current Mailing Address:

7500 NW 25 ST.
STE. 290
MIAMI, FL 33122 US

New Mailing Address:

FEI Number: 20-2641696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, JOSE O PSD
646 WEST 17TH STREET
HIALEAH, FL 33010 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: PSD () Delete
Name: ACOSTA, JOSE O PSD
Address: 7500 NW 25 ST., STE. 290
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE O ACOSTA

PSD

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date