

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000052350

**FILED**  
**May 12, 2009**  
**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:**CABRERA, YAKELIN  
646 WEST 17TH STREET  
HIALEAH, FL 33010 US**Name and Address of New Registered Agent:**ACOSTA, JOSE O  
646 WEST 17TH STREET  
HIALEAH, FL 33010 US

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:** JOSE O. ACOSTA

05/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PSTD ( ) Delete  
**Name:** CABRERA, YAKELIN  
**Address:** 7500 NW 25 ST., STE. 290  
**City-St-Zip:** MIAMI, FL 33122**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change ( ) Addition  
**Name:** ACOSTA, JOSE O  
**Address:** 7500 NW 25 ST., STE. 290  
**City-St-Zip:** MIAMI, FL 33122

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

PSDT

05/12/2009

Electronic Signature of Signing Officer or Director

Date