2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053986

Entity Name: FEM MEDICAL EQUIPMENT CORP

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4837 EAST 10 LN 8280 NW SOUTH RIVER DRIVE

HIALEAH, FL 33013 MEDLEY, FL 33166

Current Mailing Address: New Mailing Address:

8280 NW S RIVER DRIVE 4837 EAST 10 LN MEDLEY, FL 33166 HIALEAH, FL 33013

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GARCIA, JUAN L GARCIA, JUAN L 8280 NW S RIVER DRIVE 4837 EAST 10 LN HIALEAH, FL 33013 US MEDLEY, FL 33166

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: JUAN GARCIA 05/01/2006

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

GARCIA, JUAN L GARCIA, JUAN L Name:

4837 EAST 10 LN 8280 NW S RIVER DRIVE Address: HIALEAH, FL 33013 City-St-Zip: MEDLEY, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN GARCIA **PRES** 05/01/2006