

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066283

FILED
May 04, 2009
Secretary of State

Entity Name: DIAGNOSTIC MEDICAL EQUIPMENT SOLUTIONS CORP.

Current Principal Place of Business:

8350 N.W. 66 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8350 N.W. 66 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-2941219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHUCA, MIGUEL
1581 BRICKELL AVENUE
SUITE 207
MIAMI, FL 33129 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

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:

Title: PSD () Delete
Name: MACHUCA, MIGUEL
Address: 1581 BRICKELL AVENUE #207
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACHUCA, MIGUEL
Address: 1581 BRICKELL AVENUE #207
City-St-Zip: MIAMI, FL 33129

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: MIGUEL MACHUCA

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date