

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066283

FILED
Feb 01, 2012
Secretary of State

Entity Name: DIAGNOSTIC MEDICAL EQUIPMENT SOLUTIONS CORP.

Current Principal Place of Business:

16300 NORTH EAST 19 AVENUE SUITE # 107
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

16300 NORTH EAST 19 AVENUE STE 107
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16300 NORTH EAST 19 AVENUE SUITE # 107
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16300 NORTH EAST 19 AVENUE STE 107
NORTH MIAMI BEACH, FL 33162

FEI Number: 20-2941219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACHUCA, MIGUEL
2775 NE 187 STREET APT # 626
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MACHUCA, MIGUEL
16300 NORTH EAST 19 AVENUE STE 107
NORTH MIAMI BEACH, FL 33162 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: MIGUEL MACHUCA

02/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MACHUCA, MIGUEL
Address: 16300 NORTH EAST 19 AVENUE STE 107
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MIGUEL MACHUCA

P

02/01/2012

Electronic Signature of Signing Officer or Director

Date