## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000101723

Entity Name: ESQUIVEL MEDICAL EQUIPMENT, INC

FILED Oct 14, 2006 Secretary of State

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

5209 NW 74 AVE SUITE 217 MIAMI, FL 33166

**New Mailing Address: Current Mailing Address:** 

5209 NW 74 AVE SUITE 217 MIAMI, FL 33166

Title:

Name:

Address:

PSD

FEI Number: 20-3179164 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CISNEROS, SONIA T PENA, ROBERTO 5209 NW 74 AVE 5209 NW 74 AVE SUITE 217 SUITE 217 MIAMI, FL 33166 US MIAMI, FL 33166 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: ROBERTO PENA 10/14/2006

> 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

CISNEROS, SONIA T

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title:

PENA, ROBERTO Name: Address:

5209 NW 74 AVE SUITE 217

5209 NW 74 AVE SUITE 217 City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, 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 Statutés. 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: ROBERTO PENA **PSD** 10/14/2006