2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# P05000102892

Entity Name: NEBRASKA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

7901 N NEBRASKA AVE SUITE 100-A
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7901 N NEBRASKA AVE SUITE 100-A
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-3182778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LA PAZ, YAMIL
7901 N NEBRASKA AVE SUITE 100-A
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

TORRES, RAFAEL
7901 N NEBRASKA AVE SUITE 100-A
TAMPA, FL 33604 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: RAFAEL TORRES 05/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LA PAZ, YAMIL
Address: 7901 N NEBRASKA AVE SUITE 100-A
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, RAFAEL
Address: 7901 N NEBRASKA AVE SUITE 100-A
City-St-Zip: TAMPA, FL 33604

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: RAFAEL TORRES P 05/16/2007
Electronic Signature of Signing Officer or Director Date