2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104504

Entity Name: J.M.L. MEDICAL EQUIPMENT & SUPPLIES, INC.

FILED Apr 07, 2006 Secretary of State

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

7200 WEST 20 AVE. 7191 WEST 24TH AVENUE HIALEAH, FL 33016

UNIT 19

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

7191 WEST 24TH AVENUE 7200 WEST 20 AVE. UNIT 19 HIALEAH, FL 33016

HIALEAH, FL 33016

FEI Number: 20-3268375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEAL, JUAN M. LEAL, JUAN M. 7200 WEST 20 AVE. 7191 WEST 24TH AVENUE

HIALEAH, FL 33016 US **UNIT 19** HIALEAH, FL 33016 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: 04/07/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

LEAL, JUAN M. Name: Name: LEAL, JUAN M.

7200 WEST 20 AVE. 7191 WEST 24TH AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33016

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: LEAL JUAN M DP 04/07/2006