

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119163

FILED
Jul 14, 2006
Secretary of State

Entity Name: COMMUNITY MEDICAL EQUIPMENT SERVICES, INC.

Current Principal Place of Business:

801 MADRID AVENUE
SUITE 204
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

801 MADRID AVENUE
SUITE 204
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3391060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, GUILLERMO M
801 MADRID AVENUE
SUITE 204
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFONSO, GUILLERMO
Address: 2140 N.W. 30TH STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LOPEZ, ALEJANDRO F
Address: 801 MADRID AVENUE , SUITE #204
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GUILLERMO M ALFONSO

PD

07/14/2006

Electronic Signature of Signing Officer or Director

Date