

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124480

Entity Name: ACCORD MEDICAL EQUIPMENT, INC

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

7100 NW 12 ST STE #107
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7100 NW 12 ST STE #107
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-3477322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, YURI
7100 NW 12 ST STE #107
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

RISSE, ELIMELECH
7100 NW 12 ST STE #107
MIAMI, FL 33126 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: ELIMELECH RISSE

01/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEREZ, YURI
Address: 7100 NW 12 ST STE #107
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RISSE, ELIMELECH
Address: 7100 NW 12 ST STE #107
City-St-Zip: MIAMI, FL 33126

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: ELIMELECH RISSE

PD

01/25/2006

Electronic Signature of Signing Officer or Director

Date