

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90013 024 \*\*\*150.00

**DOCUMENT # P05000142457**

1. Entity Name  
**NECESSARY MEDICAL EQUIPMENT, CORP.**



Principal Place of Business  
**6506 KENDALE LAKE DR., STE. 310  
SPANISH VILLAGE  
MIAMI, FL 33183**

Mailing Address  
**6506 KENDALE LAKE DR., STE. 310  
SPANISH VILLAGE  
MIAMI, FL 33183**

**50001103**



2. Principal Place of Business  
**10300 Sunset Dr.**

3. Mailing Address  
**10300 Sunset Dr.**

Suite, Apt. #, etc.  
**460-9**

Suite, Apt. #, etc.  
**460-9**

03022006 Chg-P CR2E034 (11/05)

City & State  
**MI FL**

City & State  
**MI**

4. FEI Number  
**203661167**

Applied For  
Not Applicable

Zip  
**33173**

Country  
**FLORIDA**

Zip  
**33173**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VENTURA, YOHANNA  
6506 KENDALE LAKE DR., STE. 310  
SPANISH VILLAGE  
MIAMI, FL 33183**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
VENTURA, YOHANNA  
6506 KENDALE LAKE DR., STE. 310  
MIAMI, FL 33183** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, name or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/07/06 305 274928**  
Date Daytime Phone #