

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146332

FILED  
Sep 01, 2006  
Secretary of State

**Entity Name:** NEW YORK MEDICAL EQUIPMENT SERVICES, INC.

**Current Principal Place of Business:**

2500 NW 79TH AVE., SUITE 236  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2500 NW 79TH AVE., SUITE 236  
DORAL, FL 33122

**New Mailing Address:**

**FEI Number:** 20-3722002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENES, LETICIA  
2500 NW 79TH AVE., SUITE 236  
DORAL, FL 33122 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENES, LETICIA  
Address: 2500 NW 79TH AVE., SUITE 236  
City-St-Zip: DORAL, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LETICIA MENES

PD

09/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date