2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000154488

1. Entity Name

FILED Jun 12, 2006 8:00 am Secretary of State

05-02-2006 90196 016 ***150.00

M.M.C.C. MEDICAL EQUIPMENT, CORP. Principal Place of Business Mailing Address 66018478 7225 NW 25TH ST. 7225 NW 25TH ST. STE. 107 STE. 107 MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04282008 Chg-P X Applied For Not Applicable City & State City & State 4. FEI Number Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, MARIA ELENA Street Address (P.O. Box Number is Not Acceptable) 13189 SW 10 LANE MIAMI, FL 33184 City 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 Significantly pool or arrived name or regularized again; and the if applicable (NOTE: Registered Agent pignishers required when respirations) FILE NOWILL FEE IS \$150.00 After May 1; 2006 Fee will be \$650.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition Deleta TITLE TITLE PEREZ, MARIA ELENA NAME NAME STREET ADDRESS 7225 NW 25TH ST., STE. 107 STREET ADDRESS MIAMI, FL 33122 CITY - ST - ZIP C/TY-ST-2/P TITLE Delete TITLE □ Change ■ Addition NALAE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition MADE PARAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE -Delete KAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP Delete TITLE ☐ Change Addition HAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TILE Delete TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 it 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 poster 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 which adjress with all other like empowered.

SIGNATURE:

SIGNATURE AND

R PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

Daytime Phone #