

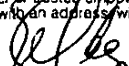


**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

66018478

<b>DOCUMENT # P05000154488</b>				05-02-2006 90196 016 ***150.00			
1. Entity Name M.M.C.C. MEDICAL EQUIPMENT, CORP.							
Principal Place of Business 7225 NW 25TH ST. STE. 107 MIAMI, FL 33122		Mailing Address 7225 NW 25TH ST. STE. 107 MIAMI, FL 33122		66018478			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008 Chg-P CR2E034 (11/05)			
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PEREZ, MARIA ELENA 13189 SW 10 LANE MIAMI, FL 33184				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	PEREZ, MARIA ELENA	7225 NW 25TH ST., STE. 107	MIAMI, FL 33122				
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 with all other like empowered.							
SIGNATURE: 				6/7/06 (305) 591-1368			