2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# P05000163895

Entity Name: CIVIC MEDICAL EQUIPMENT CORP.

Current Principal Place of Business:

137 ABACO DRIVE
LAKE WORTH, FL 33461

New Principal Place of Business:

1399 NW 17TH AVE
306A
MIAMI, FL 33125

Current Mailing Address:

137 ABACO DRIVE
LAKE WORTH, FL 33461

New Mailing Address:

1399 NW 17TH AVE
306A
MIAMI, FL 33125

FEI Number: 57-2451001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAY, ADELFIN
137 ABACO DRIVE
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

CHACON, ANA
1399 NW 17TH AVE
306A
MIAMI, FL 33125 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: ANA CHACON 02/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ADAY, ADELFIN
Address: 137 ABACO DRIVE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: CHACON, ANA
Address: 1399 NW 17TH AVE SUITE 306A
City-St-Zip: MIAMI, FL 33125

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: ANA CHACON P 02/26/2007
Electronic Signature of Signing Officer or Director Date