2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P0600001489 1. Entity Name DORAL WEST MEDICAL EQUIPMENT CORP. | | | | | | | | FILED 07 MAY - 1 PM 3: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
|---|---|--|-------------------------|---|-----------------------------|-------------------------------------|--|---|------------------------|--------------|--------------|--------------------------|---------------|
| Principal Place of Business 2500 NW 79 AVE SUITE 210 DORAL, FL 33122 | | | | Mailing Address 2500 NW 79 AVE SUITE 210 DORAL, FL 33122 | | | | | | | | | |
| 2. Principal Pla | ace of Busine | ess - No P.O. Box # | 3. 1 | Mailing Address | . | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04302007 | Chg-F |) | CR2E0 | 34 (12/06) | กา |
| City & State | | | | City & State | | | _ | 4. FEI Numb | 31 _ ~ | | 7 | At | oplied For |
| Zip | | Country | | Zip | Coun | iry | | کون (5. Certificate | | | Π | \$8.75 Add | |
| | 6. Name | and Address of Curr | rent Regis | tered Agent | | <u> </u> | | 7. Name and | Address o | f New R | | Fee Require | <u>a</u> |
| PODRICUI | EZ ENEID | ۸۸ | | | | Name | | | | | | | |
| RODRIGUEZ, ENEIDA 2500 NW 79 AVE SUITE 210 DORAL, FL 33122 | | | | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | City | | | | | FL | Zip Coo | le |
| FILE | E NOW!! | FEE IS \$150.00 Fee will be \$5 | | 9. Election Campa Trust Fund Cont | ign Fined | | \$5.0 | 10 May Be to Fees | | | DATE | | |
| 10. | | OFFICERS / | AND DIREC | CTORS | 11. | | | ADDITIONS | CHANGES | 10 OFF | ICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | EZ, ENEIDA 79 AVE SUITE 210 L 33122 |) | ☐ Delete | | ı | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | ı | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | - 15 | 1 | | 1 (05/1 | D D1 (4/070 | 022 01007 | 235* '027 | □ Change ‡21 **150 | □ Addition |
| NAME STREET AODRESS CITY-ST-ZIP | | | | ☐ Detere | | | | | | | | ☐ Change | Addition |
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| TITLE NAME STREET AOORESS CITY-ST-ZIP | | | | ☐ Delete | | 1 | | | | | | Change | Addition |
| indicated of the cor | on this repor poration or the or on an atta | t or supplemental reperserectives of trustee techniques with an addr | empowere ess, with a | thing does not qualify fi and accurate and that d to execute this report if other like employees | my signa t as requ s. | ature shalf have ired by Chapter | the sa | ame legal effe | ct as # mad | e under - | oath; that I | am an office | r or director |

and the control of th