

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002844

1. Entity Name  
A R P MEDICAL EQUIPMENT INC



FILED

08 JUL 28 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07252008 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address  
14129 SW 142 AVE. 14129 SW 142 AVE.  
MIAMI, FL 33186 MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number  
NOT APPLICABLE Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
MORALES, MARIA Name  
4765 W 8 AVENUE Street Address (P.O. Box Number is Not Acceptable)  
300B  
HIALEAH, FL 33012 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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Maria Morales (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGUERO, RICARDO		NAME	1196 SW 133 PL	
STREET ADDRESS	4765 W 8 AVENUE		STREET ADDRESS	Miami, FL 33184	
CITY- ST- ZIP	HIALEAH, FL 33012		CITY- ST- ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	200134356542	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGUERO, RICARDO M VP		NAME	08/12/08--01008--019 **150.00	
STREET ADDRESS	4765 W. 8TH AVE STE 300-B		STREET ADDRESS		
CITY- ST- ZIP	HIALEAH, FL 33012		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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: Maria Morales SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #