

FILED
Apr 18, 2007 8:00 am
Secretary of State

DOCUMENT # P06000017850

1. Entity Name
MLG MEDICAL EQUIPMENT, INC.



04-18-2007 90173 033 ***150.00

Secretary of State

Principal Place of Business
135 SE 20 STREET
CAPE CORAL, FL 33990

Mailing Address
135 SE 20 STREET
CAPE CORAL, FL 33990

2. Principal Place of Business - No P.O. Box #
410 W 29 ST

3. Mailing Address
410 W 29 ST

Suite, Apt. #, etc.
G

Suite, Apt. #, etc.
G

03072007 Chg-P CR2E034 (12/06)

City & State
Hialeah FL

City & State
Hialeah FL

4. FEI Number
20-4323610

Applied For
Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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

6. Name and Address of Current Registered Agent
GONZALEZ, SILVIA
7178-A SW 47 STREET
MIAMI, FL 33155

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  Moises Llonart President 4/13/07

Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LLONART, MOISES	
STREET ADDRESS	135 SE 20 STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33990	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 life empowered.

SIGNATURE:  Moises Llonart (Presid) 4/13/07 305-805-9125

Signature and typed or printed name of signing officer or director Date Daytime Phone #