

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000034194

FILED  
Sep 26, 2007  
Secretary of State

Entity Name: 5-STAR MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

527 EAST 9 STREET, SUITE 7  
HIALEAH, FL 33010

## New Principal Place of Business:

335 WEST 10 ST  
4  
HIALEAH, FL 33010

## Current Mailing Address:

527 EAST 9 STREET, SUITE 7  
HIALEAH, FL 33010

## New Mailing Address:

335 WEST 10 ST  
4  
HIALEAH, FL 33010

FEI Number: 20-4453854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENESES, MARLEN  
527 EAST 9 STREET, SUITE 7  
HIALEAH, FL 33010 US

## Name and Address of New Registered Agent:

MENESES, MARLEN  
335 WEST 10 ST  
4  
HIALEAH, FL 33010 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: MARLEN MENESES

09/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MENESES, MARLEN  
Address: 527 EAST 9 STREET, SUITE 7  
City-St-Zip: HIALEAH, FL 33010

Title: VP (X) Delete  
Name: VERA, OZAIRIS  
Address: 527 EAST 9 STREET, SUITE 7  
City-St-Zip: HIALEAH, FL 33010

Title: T ( ) Delete  
Name: MENESES, MARLEN  
Address: 527 EAST 9 STREET, SUITE 7  
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Delete  
Name: VERA, OZAIRIS  
Address: 527 EAST 9 STREET, SUITE 7  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MENESES, MARLEN  
Address: 335 WEST 10 ST #4  
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MENESES, MARLEN  
Address: 335 WEST 10 ST #4  
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARLEN MENESES

PT

09/26/2007

Electronic Signature of Signing Officer or Director

Date