

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040360

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MEDICAL EQUIPMENTS & SUPPLIES, INC.

## Current Principal Place of Business:

1621 NW 29TH STREET  
CAPE CORAL, FL 33993

## New Principal Place of Business:

1208 SE 15 TER  
CAPE CORAL, FL 33990

## Current Mailing Address:

1621 NW 29TH STREET  
CAPE CORAL, FL 33993

## New Mailing Address:

P.O. BOX 151969  
CAPE CORAL, FL 33915

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALVAREZ, RENE  
1621 NW 29TH STREET  
CAPE CORAL, FL 33993 US

## Name and Address of New Registered Agent:

ALVAREZ, RENE  
1208 SE 15 TER  
CAPE CORAL, FL 33990 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: RENE ALVAREZ

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, RENE  
Address: 1621 NW 29 STREET  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP ( ) Delete  
Name: VISUNA, ESTHER  
Address: 1720 SW 49TH LN  
City-St-Zip: CAPE CORAL, FL 33914

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALVAREZ, RENE  
Address: P.O. BOX 151969  
City-St-Zip: CAPE CORAL, FL 33915

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: RENE ALVAREZ

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date