

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90041 017 ***150.00

DOCUMENT # P06000140391

1. Entity Name
AMERI-MED SUPPLIES & EQUIPMENT, CORP.



4000001

Principal Place of Business
5085 NW 7TH STREET #616
MIAMI, FL 33126

Mailing Address
5085 NW 7TH STREET #616
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #
7225 N.W. 25 Street

3. Mailing Address
7225 N.W. 25 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 109

STE. 109

City & State

Miami FLA

City & State

Miami FLA

Zip
33122

Country

DADE

Zip

33122

Country

DADE

03012007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8037402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, ERNESTO J
5085 NW 7TH STREET #616
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7225 N.W. 25 Street Ste 109

City

Miami FLA

FL

Zip Code

33122

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

Signature, typed 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
VALDES, ERNESTO J
5085 NW 7TH STREET #616
MIAMI, FL 33126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

7225 N.W. 25 Street Ste 109
Miami FLA 33122

TITLE
NAME
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-07

Date

305-5009455

Daytime Phone #