

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013816

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: QUEST MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

4568 WOODSIDE RD  
SUITE 100  
SARASOTA, FL 34242 US

## New Principal Place of Business:

## Current Mailing Address:

4568 WOODSIDE RD  
SUITE 100  
SARASOTA, FL 34242 US

## New Mailing Address:

FEI Number: 20-8342005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOBCZAK, JOHN P  
4568 WOODSIDE RD  
SUITE 100  
SARASOTA, FL 34242 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: SOBCZAK, JOHN P  
Address: 4568 WOODSIDE RD  
City-St-Zip: SARASOTA, FL 34242

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MS. ( ) Change (X) Addition  
Name: MOORE, CHEROKEE  
Address: 23605 SHINING STAR DRIVE  
City-St-Zip: LAND O'LAKES, FL 34639

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: JOHN P. SOBCZAK

MR.

04/16/2009

Electronic Signature of Signing Officer or Director

Date