

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000047045

**FILED**  
**Nov 03, 2008**  
**Secretary of State****Entity Name:** IVANA MEDICAL EQUIPMENT AND SUPPLIES, CORP.**Current Principal Place of Business:**1008 NE 7TH TERRACE  
SUITE C  
CAPE CORAL, FL 33909**New Principal Place of Business:****Current Mailing Address:**1008 NE 7TH TERRACE  
SUITE C  
CAPE CORAL, FL 33909**New Mailing Address:****FEI Number:** 26-0427050**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CARMONA DE FONTES, IVONNE  
1008 NE 7TH TERRACE  
SUITE C  
CAPE CORAL, FL 33909 US**Name and Address of New Registered Agent:**RODRIGUEZ, JAVIER  
1008 NE 7TH TERRACE  
SUITE C  
CAPE CORAL, FL 33909 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: JAVIER RODRIGUEZ

11/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARMONA DE FONTES, IVONNE  
Address: 1008 NE 7TH TERRACE, SUITE C  
City-St-Zip: CAPE CORAL, FL 33909

Title: VP (X) Delete  
Name: FONTES, REYNOL  
Address: 1008 NE 7TH TERRACE, SUITE C  
City-St-Zip: CAPE CORAL, FL 33909

Title: T (X) Delete  
Name: RODRIGUEZ, JAVIER  
Address: 1008 NE 7TH TERRACE, SUITE C  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: RODRIGUEZ, JAVIER  
Address: 1008 NE 7TH TERRACE, SUITE C  
City-St-Zip: CAPE CORAL, FL 33909

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

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: JAVIER RODRIGUEZ

P/D

11/03/2008

Electronic Signature of Signing Officer or Director

Date