2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# P07000076873

Entity Name: J & LL MEDICAL EQUIPMENT SERVICES INC.

Current Principal Place of Business:

2000 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2000 OPA LOCKA BLVD.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 26-0497413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, LETSY L
8915 NW. 34 AVE. ROAD
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

TORRES, LETSY L
2000 OPA LACKA BLVD
OPA LOCKA, FL 33054 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: LETSY TORRES 03/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P. ( ) Delete
Name: TORRES, LETSY L
Address: 8915 NW. 34 AVE. ROAD
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P. (X) Change ( ) Addition
Name: TORRES, LETSY L
Address: 2000 OPA LOCKA BLVD
City-St-Zip: MIAMI, FL 33054

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: LETSY TORRES P 03/07/2009
Electronic Signature of Signing Officer or Director Date