

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092765

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNITY MEDICAL EQUIPMENT & SUPPLIES, INC.

Current Principal Place of Business:

3280 TAMiami TRAIL SUITE 56A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3280 TAMiami TRAIL SUITE 55A
PMB 285
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 26-0774173 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAGNER, CHRISTOPHER
3280 TAMiami TRAIL SUITE 56A
PORT CHARLOTTE, FL 33952 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: P () Delete
Name: WAGNER, CHRISTOPHER
Address: 3280 TAMiami TRAIL SUITE 56A
City-St-Zip: PORT CHARLOTTE, FL 33952

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S () Change (X) Addition
Name: WAGNER, MELONIE J
Address: 3280 TAMiami TRAIL STE. 56A
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MELONIE WAGNER

SEC

04/30/2009

Electronic Signature of Signing Officer or Director

Date