

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000107516

**FILED**  
**Jul 25, 2008**  
**Secretary of State**

**Entity Name:** CARE MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

19445 39TH AVENUE  
SUNNY ISLAND, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19445 39TH AVENUE  
SUNNY ISLAND, FL 33160

**New Mailing Address:**

**FEI Number:** 47-0924902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

URRIBARRI, MAGLENY  
19445 39TH AVENUE  
SUNNY ISLAND, FL 33160 US

**Name and Address of New Registered Agent:**

URRIBARRI, RAMON  
19445 39TH AVENUE  
SUNNY ISLAND, FL 33160 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: RAMON URRIBARRI

07/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: URRIBARRI, RAMON  
Address: 19445 39TH AVENUE  
City-St-Zip: SUNNY ISLAND, FL 33160

Title: VP ( ) Delete  
Name: URRIBARRI, MAGLENY  
Address: 19445 39TH AVENUE  
City-St-Zip: SUNNY ISLAND, FL 33160

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

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

Title: VP (X) Change ( ) Addition  
Name: URRIBARRI, RAMON  
Address: 19445 39TH AVENUE  
City-St-Zip: SUNNY ISLAND, FL 33160

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: RAMON URRIBARRI

P

07/25/2008

Electronic Signature of Signing Officer or Director

Date