

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112604

FILED
Jun 29, 2009
Secretary of State

Entity Name: BIOMEDICAL EQUIPMENT SOLUTIONS, INC

Current Principal Place of Business:

711 SW 148TH AVE, 410
DAVIE, FL 33325 US

New Principal Place of Business:

711 SW 148TH AVE
410
DAVIE, FL 33325 US

Current Mailing Address:

711 SW 148TH AVE, 410
DAVIE, FL 33325 US

New Mailing Address:

711 SW 148TH AVE
410
DAVIE, FL 33325 US

FEI Number: 26-1350009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, WILLIAM
1115 FAIRLAKE TRACE
2210
WESTON, FL 33326 US

Name and Address of New Registered Agent:

FERNANDEZ, WILLIAM
711 SW 148TH AV.
410
DAVIE, FL 33325 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:

06/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, WILLIAM
Address: 1115 FAIRLAKE TRACE #2210
City-St-Zip: WESTON, FL 33326 US

Title: VP () Delete
Name: NUNEZ, MARIA P
Address: 1115 FAIRLAKE TRACE #2210
City-St-Zip: WESTON, FL 33326 US

Title: DIR () Delete
Name: FERNANDEZ, JEAN P
Address: 1115 FAIRLAKE TRACE #2210
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERNANDEZ, WILLIAM
Address: 711 SW 148TH AV. 410
City-St-Zip: DAVIE, FL 33325 US

Title: VP (X) Change () Addition
Name: NUNEZ, MARIA P
Address: 711 SW 148TH AV. 410
City-St-Zip: DAVIE, FL 33325 US

Title: DIR (X) Change () Addition
Name: FERNANDEZ, JEAN P
Address: 711 SW 148TH AV. 410
City-St-Zip: DAVIE, FL 33325 US

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: JEAN PAUL FERNANDEZ

DIR

06/29/2009

Electronic Signature of Signing Officer or Director

Date