2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# P08000032971

Entity Name: ACCREDITED MEDICAL EQUIPMENT PROVIDERS OF AMERICA, INC.

Current Principal Place of Business:

20815 NE 16TH AVE SUUITE B-32
MIAMI, FL 33179

New Principal Place of Business:

20815 NE 16TH AVE SUITE B-32
MIAMI, FL 33179

Current Mailing Address:

20815 NE 16TH AVE SUITE B-32
MIAMI, FL 33179

New Mailing Address:

FEI Number: 80-0175067 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALAMO, JAVIER
7600 W 20TH AVE
HIALEAH, FL 33016 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: DP
Name: BRANT, ROBERT E
Address: 20815 NE 16TH AVE SUITE B-32
City-St-Zip: MIAMI, FL 33179

Title: DP
Name: MARQUEZ, JACK A
Address: 2351 NW 93RD AVE
City-St-Zip: MIAMI, FL 33172

Title: DT
Name: RITTENBERG, JEFF
Address: 15455 W DIXIE HWY SUITE D
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E BRANT DP 04/28/2010

Electronic Signature of Signing Officer or Director Date