2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# P08000078660

Entity Name: FLORIDA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3450 NW 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3450 NW 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 01-0914830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLSTANO, NIV B
3450 NW 36TH STRET
MIAMI, FL 33142 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

OFFICERS AND DIRECTORS:

Title: P
Name: TOLSTANO, NIV B
Address: 9499 COLLINS AVE # 811
City-St-Zip: SURFSIDE, FL 33154 US

Title: D
Name: TOLSTANO, EDUARDO J
Address: 9595 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154 US

Title: D
Name: HARARY, JOSEPH
Address: 3450 NW 36TH STREET
City-St-Zip: MIAMI, FL 33142

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: NIV BRIAN TOLSTANO P 01/11/2011

Electronic Signature of Signing Officer or Director Date