

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000013465

Entity Name: HC MEDICAL EQUIPMENT, INC.

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2591 N FORSYTH RD  
UNIT C  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

2591 N FORSYTH RD  
UNIT C  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 80-0354609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUZ MONGE, HELEN  
14564 DOVER FOREST DRIVE  
ORLANDO, FL 32828 US

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

CRUZ MONGE, HELEN  
3740 AVALON PARK EAST BLVD.  
ORLANDO, FL 32828 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: HELEN CRUZ MONGE

09/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRUZ MONGE, HELEN  
Address: 3740 AVALON PARK EAST BLVD.  
City-St-Zip: ORLANDO, FL 32828

Title: VP  
Name: CRUZ, MARY L  
Address: 14064 WILD MAJESTIC STREET  
City-St-Zip: ORLANDO, FL 32828

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: HELEN CRUZ MONGE

PRES

09/29/2010

Electronic Signature of Signing Officer or Director

Date