

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000091375

FILED
Apr 18, 2011
Secretary of State

Entity Name: ORIENTAL MEDICAL EQUIPMENT SUPPLIES, CORP.

Current Principal Place of Business:

6484 SW 166 COURT
MIAMI, FL 33193

New Principal Place of Business:

5463 NW 72ND AV
MIAMI, FL 33166

Current Mailing Address:

6484 SW 166 COURT
MIAMI, FL 33193

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARQUEZ, ALBERTO
6484 SW 166 COURT
MIAMI, FL 33193 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: PD
Name: BELLORIN, ALEXIS
Address: 5463 NW 72 AVE
City-St-Zip: MIAMI, FL 33166

Title: VPD
Name: PEREZ, SERGIO
Address: 5463 NW 72 AVE
City-St-Zip: MIAMI, FL 33166

Title: SD
Name: MARQUEZ, ALBERTO
Address: 5463 NW 72 AVE
City-St-Zip: MIAMI, FL 33166

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: ALBERTO MARQUEZ

SD

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date