2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

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Entity Name: QUALITY MEDICAL EQUIPMENT & SUPPLIES, INC

Current Principal Place of Business:

11300 NW 87 CT SUITE 147
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

11300 NW 87 CT SUITE 147
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 45-0699069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LOURDES JASPE, MARIA
11300 NW 87 CT SUITE 147
HIALEAH GARDENS, FL 33018 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: PST
Name: DE LOURDES JASPE, MARIA
Address: 14428 NW 88TH CT
City-St-Zip: MIAMI LAKES, FL 33018

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: MARIA DE LOURDES JASPE PST 04/27/2012

Electronic Signature of Signing Officer or Director — Date