2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000020106

Entity Name: AAPPLE MEDICAL EQUIPMENT, INC.

FILED Sep 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of	ew Principal Place of Business:	
7535 B WEST 24 AV HIALEAH, FL 33016 US			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
P.O. BOX 126194 HIALEAH, FL 33012			
FEI Number: 65-0429594 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		New Registered Agent:	
HERNANDEZ, CLARA 18342 NW 7 STREET HOLLYWOOD, FL 33029 US			
The above named entity submits this statement for the pin the State of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CLARA HERNANDEZ			
Electronic Signature of Registered Age	nt	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not Election Campaign Financing Trust Fund Contribution ().	t receive the prior notice.		
FFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR		S TO OFFICERS AND DIRECTORS:	
Title: PST () Delete Name: HERNANDEZ, CLARA Address: 18342 NW 7TH STREET City-St-Zip: PEMBROKE PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARA HERNANDEZ P 09/20/2006