

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000020106

FILED
Mar 31, 2009
Secretary of State

Entity Name: AAPPLE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

7535 WEST 24 AVE
SUITE 200
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

7535 WEST 24 AVE
SUITE 200
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-0429594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, CLARA
18342 NW 7 STREET
HOLLYWOOD, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HERNANDEZ, CLARA
Address: 18342 NW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date