


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90019 036 ***150.00

DOCUMENT # P93000023452	
1. Entity Name MULTIMED SERVICES MEDICAL SUPPLIES AND EQUIPMENT, INC.	

Principal Place of Business 913 SW 87 AVE B MIAMI, FL 33174	Mailing Address 913 SW 87 AVE B MIAMI, FL 33174
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34023003

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

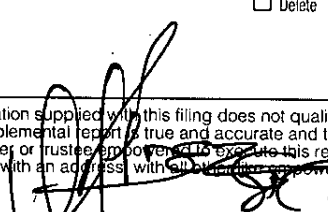
02252004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0583786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ, OREL 913 SW 87 AVE STE B MIAMI, FL 33174	
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7. Name and Address of New Registered Agent Name Clarisa Fernandez Street Address (P.O. Box Number is Not Acceptable) 913 SW 87th Avenue, Suite B City Miami FL Zip Code 33174	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P FERNANDEZ, OREL <input checked="" type="checkbox"/> Delete 11102 NW 4ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP President/Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clarisa Fernandez 913 SW 87th Avenue, Suite B Miami, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with authority empowered.	
SIGNATURE:  Orel Fernandez, President	Date _____ (786) 262-2725 Daytime Phone #