

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024558

Entity Name: F & M MEDICAL RENTALS, INC.

FILED  
Jun 15, 2006  
Secretary of State

## Current Principal Place of Business:

4315 N.W. 7TH STREET  
#20  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

4315 N.W. 7TH STREET  
#20  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-0503366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALDES, LILA A  
4315 N.W. 7TH STREET  
SUITE 20  
MIAMI, FL 33126 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: VALDES, LILA A  
Address: 4315 N.W 7TH STREET. STE #20  
City-St-Zip: MIAMI, FL 33126

## 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 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: LILA A. VALDES

PSTD

06/15/2006

Electronic Signature of Signing Officer or Director

Date