

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027939

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** MIAMI RENTAL DURABLE MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

8364 NW 74 AVE.  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8364 NW 74 AVE.  
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** 65-0405616      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, AGUSTIN  
2209-2 WEST 69 STREET  
HIALEAH, FL 33016 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: PD  
Name: GARCIA, AGUSTIN  
Address: 2209-2 W. 69TH ST.  
City-St-Zip: HIALEAH, FL 33016

Title: V  
Name: RODRIGUEZ, AILET  
Address: 2430 SW 77 CT.  
City-St-Zip: MIAMI, FL 33155

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: AGUSTIN GARCIA

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02/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date