

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056947

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: PROFESSIONAL MEDICAL EQUIPMENT SERVICES, INC.

**Current Principal Place of Business:**

8433 SW 132ND STREET  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**  
8433 SW 132ND STREET  
PINECREST, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0433527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MARTINEZ, DANIEL E  
14525 SW 84 AVE  
PALMETTO BAY, FL 33158 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: PD ( ) Delete  
Name: MARTINEZ, DANIEL E  
Address: 14525 SW 84 AVE  
City-St-Zip: PALMETTO BAY, FL 33158

**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: DANIEL E MARTINEZ

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date