2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2007 8:00 am Secretary of State 05-11-2007 90035 036 ***150.00 **DOCUMENT # P93000085633** 1. Entity Name CONSOLIDATED/PAVILION MEDICAL EQUIPMENT, INC. 40111265 Principal Place of Business Mailing Address C/O HARVEY GRANGER C/O HARVEY GRANGER 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 US 1325 SAN MARCO BLVD., SUITE 902 JACKSONVILLE, FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3214043 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANGER, HARVEY Street Address (P.O. Box Number is Not Acceptable) 1325 SAN MARCO BLVD., SUITE 902 SUITE 902 JACKSONVILLE; FL 32207 City Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Efection Campaign Financing \$5.00 мау Ве FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIB 11. TORS IN 11 DV TITLE ☐ Delete TITLE Addition GREENE, A. HUGH Curran, Daniel NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 1325 San Marco Blvd., Suite 902 STREET ADDRESS CITY-ST-7/P JACKSONVILLE, FL 32207 CITY-ST-ZIP Jacksonville, FL 32207 DV Delete TITLE TITLE ☐ Change ☐ Addition PERRY, KENNETH C NAME NAMÉ STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP Delete DV TITLE TITLE . ☐ Change ☐ Addition CORRIGAN JAMES NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD., SUITE 902 STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition GRANGER, HARVEY NAME NAME STREET ADDRESS 1325 SAN MARCO BLVD STE 902 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE TAS Delete TITLE ☐ Change ☐ Addition DURKIN, CHRISTOPHER NAME NAME STREET ADORESS 1325 SAN MARCO BLVD., STE. 902 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY/ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

904-202-5010

☐ Change

Addition

FILED