2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008596

FILED Apr 11, 2006 Secretary of State

Entity Name: PROFESSIONAL HEALTH CARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
Current Mailing Address:		New Mailing Address:			
483587	FEI Number Applied For ()	El Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ST.	US				
	submits this statement for the purp	oose of changing i	ts registered of	fice or registered agent, or bo	h,
					_
Electron	ic Signature of Registered Agent			Date	
ın Financing	Trust Fund Contribution ().				
ID DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT	ORS:
AURADO, RÓ	GER T	Title: Name: Address: City-St-Zip:	LLAURADO, RO	GER T	
				Change (X) Addition	
	AVE 33016 ag Addres AVE 33016 483587 dress of C OGER ST 33027 med entity s Florida. Electron gn Financing AURADO, RC	AVE 33016 ag Address: AVE 33016 483587 FEI Number Applied For () Ferson of Current Registered Agent: OGER 37 33027 US	AVE 33016 ng Address: New Maili AVE 33016 483587 FEI Number Applied For () FEI Number Not Appl dress of Current Registered Agent: Name and OGER ST 33027 US ned entity submits this statement for the purpose of changing in Florida. Electronic Signature of Registered Agent gn Financing Trust Fund Contribution (). ID DIRECTORS: ADDITION () Delete Title: Name:	AVE 33016 Ag Address: AVE 33016 483587 FEI Number Applied For () FEI Number Not Applicable () Aress of Current Registered Agent: OGER ST 33027 US Med entity submits this statement for the purpose of changing its registered of Florida. Electronic Signature of Registered Agent In Financing Trust Fund Contribution (). ID DIRECTORS: ADDITIONS/CHANGES ADDITIONS/CHANGES Name: LLAURADO, RO	AVE 33016 Ing Address: AVE 33016 AVE 33016 AVE 33016 AVE 33016 AVE 33016 AVE 33016 AVE 33017 AVE 33027 AVE AVE 33018 AVE 33027 AVE AVE 33018 AVE 33027 AVE AVE 33018 AVE AVE 33018 AVE 33027 AVE AVE AVE AVE AVE AVE AVE AVE AVE AV

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: YANITZA LLAURADO VP 04/11/2006