2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013928

Entity Name: SOUTHWEST MEDICAL EQUIPMENT & SUPPLIES, INCORPORATED

Current Principal Place of Business:

819 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

819 DEL PRADO BLVD
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0465040   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLER, BONNIE M
819 DEL PRADO BLVD
CAPE CORAL, FL 33990   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:	P ( ) Delete
Name:	KELLER, BONNIE M.
Address:	202 SE 5TH AVE.
City-St-Zip:	CAPE CORAL, FL

Title:	V ( ) Delete
Name:	VERDECCHIA, HENRY
Address:	202 SE 5TH AVE.
City-St-Zip:	CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P (X) Change ( ) Addition
Name:	KELLER, BONNIE M.
Address:	202 SE 5TH AVE.
City-St-Zip:	CAPE CORAL, FL 33990

Title:	V (X) Change ( ) Addition
Name:	VERDECCHIA, HENRY
Address:	202 SE 5TH AVE.
City-St-Zip:	CAPE CORAL, FL 33990

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: BONNIE M KELLER   P   04/21/2009
_____
Electronic Signature of Signing Officer or Director   Date