## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000025623

Entity Name: T.L.C. MEDICAL EQUIPMENT SUPPLY CORP.

FILED Jan 16, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

6005 NW 87 AVE. 16514 N.W. 77TH PATH MIAMI, FL 33178 US 16514 N.W. 77TH PATH MIAMI, FL 33016 US

Current Mailing Address: New Mailing Address:

6005 NW 87 AVE. 16514 N.W. 77TH PATH MIAMI, FL 33178 US MIAMI, FL 33016 US

FEI Number: 65-0492837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

 TORRES, LUIS J
 TORRES, JOE L

 7455 N.W. 167 ST.
 16514 N.W. 77TH PATH

 MIAMI, FL 33015
 US

 MIAMI, FL 33016
 US

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: JOE L. TORRES 01/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ( ) Delete
 Title:
 MR. ( ) Change (X) Addition

 Name:
 Name:
 TORRES, JOE L

 Address:
 Address:
 16514 N.W. 77TH PATH

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE L. TORRES CEO 01/16/2004