2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# P94000025659

Entity Name: ON-TIME MEDICAL EQUIPMENT RENTALS, INC.

Current Principal Place of Business:

3900 S. ST. RD. 7
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN LYNN
TWO SO. UNIVERSITY DR, STE. 215
PLANTATION, FL 33324

New Mailing Address:

3900 SOUTH ST. ROAD 7
MIRAMAR, FL 33023

FEI Number: 65-0480903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, BRIAN
TWO SO. UNIVERSITY DRIVE, STE. 215
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

HERNANDEZ, DAVID
3900 SOUTH STATE ROAD 7
MIRAMAR, FL 33023 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: DAVID HERNANDEZ 03/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVP ( ) Delete
Name: HERNANDEZ, DAVID TS
Address: 3900 S STATE RD 7
City-St-Zip: MIRAMAR, FL 33023

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 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: DAVID HERNANDEZ PD 03/30/2004
Electronic Signature of Signing Officer or Director Date