

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000034461

Entity Name: B & S MEDICAL RENTALS INC.

**FILED**  
**Jun 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11611 SW 119 PLACE RD  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11611 SW 119 PLACE RD  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-0488452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GONZALEZ, SANDRA B  
11611 SW 119 PLACE RD  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, SANDRA  
Address: 11611 SW 119 PLACE RD  
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: SANDRA B GONZALEZ

PD

06/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date