

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034761

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA MEDICAL EQUIPMENT AND SUPPLIES, INC.

**Current Principal Place of Business:**

717 PONCE DE LEON BLVD.  
SUITE 324A  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

13815 SW 38 ST  
MIAMI, FL 33175 US

**Current Mailing Address:**

717 PONCE DE LEON BLVD.  
SUITE 324A  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

13815 SW 38 ST  
MIAMI, FL 33175 US

**FEI Number:** 65-0468560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TACHER, ISRAEL  
13815 SW 38 ST  
MIAMI, FL 33175 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: PD  
Name: TACHER, ISRAEL  
Address: 13815 SW 38 ST  
City-St-Zip: MIAMI, FL 33175

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: ISRAEL TACHER

PD

01/14/2010

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

\_\_\_\_\_ Date