

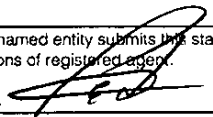


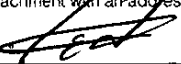
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90195 007 \*\*\*150.00

<b>DOCUMENT # P94000061741</b> 1. Entity Name <b>MEDI-DEX MEDICAL EQUIPMENT CORP.</b>					
Principal Place of Business <b>8010 W. 23 AVE #2</b> <b>HIALEAH, FL 33016 US</b>			Mailing Address <b>8010 W. 23 AVE #2</b> <b>HIALEAH, FL 33016 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 1.2em; font-weight: bold;">40082643</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>04032006    Chg-P    CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>65-0522980</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">             Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="text-align: right;"> <b>\$8.75</b> Additional              Fee Required           </div> </div>	
6. Name and Address of Current Registered Agent  <b>GONZALES, PEDRO LUIS</b> <b>8010 W. 23 AVE</b> <b>HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE:  </div> <div style="width: 40%; text-align: center;"> <b>Pedro L. Gonzalez</b> </div> <div style="width: 20%; text-align: right;"> <b>4/3/06</b>  <small>DATE</small> </div> </div> <div style="font-size: 0.7em; margin-top: 5px;"> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GONZALEZ, PEDRO L</b> <b>13217 S.W. 49TH CT.</b> <b>HIALEAH, FL 33016</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

**Pedro L. Gonzalez, Pres.**

**4/9/06**  
Date

**305-822-0225**  
Telephone #