2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State 05-04-2006 90195 007 ***150.00

DOCUMENT # P9400061741 1. Entity Name MEDI-DEX MEDICAL EQUIPMENT CORP.								05-04-2006 90195 007 ***150.00				
Principal Place of Business Mailing Address								40082	1649			
8010 W. 23 AVE #2				3010 W. 23 AVE #2			307					
HIALEAH, FL	33016	US	ł	HIALEAH, FL 33016 US								
•												
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04032006	Chg-P	CR2E	034 (11/05	5)
City & State				City & State		•	4. FEI Numbe 65-052			-	Applied For	
Zip Country			+	Zip	ntry		5. Certificate of Status Desired \$8.75 Additional			Not Applicable dditional		
6. Name and Address of Current			4 Basis		1		7. Name and Address of New Registered Agent					
	b. Name	and Address of Currer	it Kegis	stered Agent		Name		/. Name and	Address of New R	egistered	Agent	
GONZALES, PEDRO LUIS									•			
8010 W. 23 AVE HIALEAH, FL 33016						Street Address (P.O. Box Number is Not Acceptable)						
HALEAH, FC 33010												
			City				FL	Zip Co	ode			
8. The above named entity submits by statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.												h, and accept
the obligat	ions of regist	pred agent.		= 2 1		1		1		./.	1.	
SIGNATURE FEDERAL Signature. Typed or printed name of registered agent and Rile if applicable. (NOTE: Replicated Agent agridure required when reinstaining) DATE												
	Signature, typed	or chilled hame of registered age	of and little	if applicable. (NOT	E: Registara	d Agent a-gnature	required	when reinstainig)	, .	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees				
10.		OFFICERS AN	O DIREC	CTORS			ADDITIONS/	CHANGES TO OFFI	ICERS AN	DIRECTO	RS IN 11	
IDLE	PD CONTALET DEDDO I			Delete IIII							☐ Change	Addition
NAME GONZALEZ, PEDRO L STREET ADDRESS 13217 S.W. 49TH CT.					EET ADDRESS							
CITY-SI-ZIP	l	FL 33016				'-S1-ZIP						
UNE				☐ Delete	fifti	E					☐ Change	Addition
NAME STREET ADDRESS				NAM SIRI		T AUDRESS.						
CITY-ST-ZIP						-ST-ZIP						
mle				☐ Delete	ทาเ	E					☐ Change	Addition
NAME					NAM	-						
STREET ADDRESS CHY- ST-ZIP						ELT ADDRESS '- ST - ZIP						
MUT			**	☐ Delete	FIFE				.		☐ Change	Addition
NAME					NAM	E						
STREET ADDRESS CITY+ST+ZIP						ET ADDRESS -ST-ZIP						
III-E				☐ Defete	1011						C Crance	D terror
NAME				☐ Desete	NAM	I .					☐ Change	Addition
STREET ADDRESS						ELT ADDRESS						
CITY: ST-ZIP					_	- ST - ZIP						
TITLE NAME				☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
12. Hereby certify that the information supplied with his 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 of 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 true and accurate 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 atta	achment with an address	, with a	I other like empowered	· /			Λ	í		•	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEEDS L GONZALEZ, HOS. 4/9/04 304-872-0225

DEVILLE PROPRIED NAME OF SIGNING OFFICER OR DIRECTOR