

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083235

Entity Name: R. Q. MEDICAL EQUIPMENT, INC.

FILED  
Jun 15, 2005  
Secretary of State

## Current Principal Place of Business:

5727 NORTHWEST 7 STREET  
MIAMI, FL 33126 US

## New Principal Place of Business:

3110 NW 3RD STREET  
MIAMI, FL 33125 US

## Current Mailing Address:

5727 NORTHWEST 7 STREET  
MIAMI, FL 33126 US

## New Mailing Address:

3110 NW 3RD STREET  
MIAMI, FL 33125 US

FEI Number: 65-0540498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APONTE, SILVIA  
5727 NORTHWEST 7 STREET  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

GONZALEZ-QUEVEDO, RAFAEL  
3110 NW 3RD STREET  
MIAMI, FL 33125 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: RAFAEL GONZALEZ-QUEVEDO

06/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: APONTE, SILVIA  
Address: 5727 NORTHWEST 7 STREET  
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: GONZALEZ-QUEVEDO, RAFAEL  
Address: 3110 NW 3RD STREET  
City-St-Zip: MIAMI, FL 33125 US

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: RAFAEL

PSTD

06/15/2005

Electronic Signature of Signing Officer or Director

Date