


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90036 036 \*\*\*158.75

<b>DOCUMENT # P94000092601</b> 1. Entity Name <b>MOUNT SION MEDICAL EQUIPMENT, INC.</b>					
Principal Place of Business <b>12585 NW 7 AVE. NORTH MIAMI, FL 33168</b>			Mailing Address <b>12585 NW 7 AVE. NORTH MIAMI, FL 33168</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>65-0542157</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>FONSECA, MANUEL 1893 NE 164TH ST SUITE 108 A NORTH MIAMI BEACH, FL 33162</b>		7. Name and Address of New Registered Agent Name <b>Fonseca Manuel</b> Street Address (P.O. Box Number is Not Acceptable) <b>12585 NW 7 Ave</b> City <b>North Miami</b> <b>FL</b> Zip Code <b>33168</b>			
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. SIGNATURE: <i>Manuel Fonseca</i> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSTV FONSECA, MANUEL 12585 NW 7 AVE. NORTH MIAMI, FL 33168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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 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 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: <i>Manuel Fonseca</i> Date: _____      Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					