2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2011
Secretary of State

DOCUMENT# P94000092601

Entity Name: MOUNT SION MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

12587 NW 7 AVE
NORTH MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

12587 NW 7 AVE
NORTH MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0542157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONSECA, MANUEL
12587 NW 7 AVE
N. MIAMI, FL 33168 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

OFFICERS AND DIRECTORS:

Title: P
Name: FONSECA, MANUEL
Address: 12587 NW 7TH AVE
City-St-Zip: NORTH MIAMI, FL 33168

Title: VP
Name: FONSECA, MIRNA S
Address: 12587 NW 7TH AVE
City-St-Zip: NORTH MIAMI, FL 33168

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: MANUEL FONSECA P 03/11/2011

Electronic Signature of Signing Officer or Director Date