


CK # 3675.

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000003664</b>		
1. Entity Name PARKER MEDICAL EQUIPMENT, INC.		

Principal Place of Business 525 NW 27 AVE SUITE 202 MIAMI, FL 33125 US	Mailing Address 525 NW 27 AVE SUITE 202 MIAMI, FL 33125 US
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0552203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MEDINA, ANABEL 525 NW 27 AVE SUITE 202 MIAMI, FL 33125
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing - ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MEDINA, ANABEL 525 NW 27 AVE SUITE 202 MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR01/03/08 (305) 642-4008  
Date Daytime Phone