

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021831

Entity Name: J & E MEDICAL EQUIPMENT, CORP.

FILED  
Feb 09, 2007  
Secretary of State

## Current Principal Place of Business:

920 HIALEAH DR.  
HIALEAH, FL 33010

## New Principal Place of Business:

920 HIALEAH DRIVE  
HIALEAH, FL 33010

## Current Mailing Address:

920 HIALEAH DR.  
HIALEAH, FL 33010

## New Mailing Address:

920 HIALEAH DRIVE  
HIALEAH, FL 33010

FEI Number: 65-0566202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, NANCY  
920 HIALEAH DRIVE  
HIALEAH, FL 33010 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: RODRIGUEZ, NANCY  
Address: 930 HIALEAH DRIVE SUITE # 14  
City-St-Zip: HIALEAH, FL 33010

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: RODRIGUEZ, NANCY  
Address: 920 HIALEAH DRIVE  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NANCY RODRIGUEZ

PDS

02/09/2007

Electronic Signature of Signing Officer or Director

Date