

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000028853

1. Entity Name

I & A MEDICAL EQUIPMENT INC.



Principal Place of Business

**5767 SW 8 ST.
MIAMI FL 33144**

Mailing Address

**5767 SW 8 ST.
SUITE 10
MIAMI FL 33144**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number **65-0576051**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, ANA R
5767 SW 8 ST.
SUITE 10
MIAMI FL 33144**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DIAZ, ANA R**
STREET ADDRESS **5767 SW 8 ST.**
CITY-STATE-ZIP **MIAMI FL 33144**

☐ Change ☐ Addition
U00000814430
02/13/08-80044-005 150.00

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **CANALS, PEDRO**
CITY-STATE-ZIP **5767 SW 8 ST.
MIAMI FL 33144**

☐ Change ☐ Addition
TITLE
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CITY-STATE-ZIP

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☐ Change ☐ Addition
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NAME
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ana R Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 30 2008

Date

Date: No Private