2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000028853

FILED Feb 22, 2009 Secretary of State

Entity Name: 1 & A MEDICAL EQUIPMENT INC.	
Current Principal Place of Business:	New Principal Place of Business:
5767 SW 8 ST. MIAMI, FL 33144	
Current Mailing Address:	New Mailing Address:
5767 SW 8 ST. SUITE 10 MIAMI, FL 33144	5767 SW 8 ST. MIAMI, FL 33144
FEI Number: 65-0576051 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
DIAZ, ANA R 5767 SW 8 ST. SUITE 10 MIAMI, FL 33144 US	DIAZ, ANA R 5767 SW 8 ST. MIAMI, FL 33144 US
The above named entity submits this statement for the purpose in the State of Florida. $ \begin{tabular}{ll} \hline \end{tabular} $	of changing its registered office or registered agent, or both,
SIGNATURE: ANA R. DIAZ	02/22/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: DIAZ, ANA R Address: 5767 SW 8 ST. City-St-Zip: MIAMI, FL 33144	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VPD () Delete Name: CANALS, PEDRO Address: 5767 SW 8 ST. City-St-Zip: MIAMI, FL 33144	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANA R. DIAZ Ρ 02/22/2009