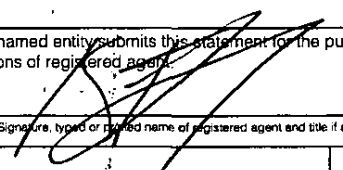
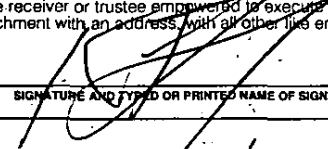


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90284 037 ***158.75

DOCUMENT # P95000039950 1. Entity Name LIMA MEDICAL EQUIPMENT, INC.					
Principal Place of Business 2891 W ZAVE HIALEAH, FL 33010 US			Mailing Address 256 NW 42 AVE HIALEAH, FL 33010 US		
2. Principal Place of Business 2891 W Z ave			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Hialeah FL			City & State		
Zip 33010		Country US		Zip	
Country		Country		4. FEI Number 65-0586679	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
\$8.75 Additional Fee Required				04192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLORES, KAREL 2891 W ZAVE HIALEAH, FL 33010				7. Name and Address of New Registered Agent 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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FLORES, KAREL STREET ADDRESS 1800 WEST 49TH ST SUITE 324-S CITY-ST-ZIP HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DIRECTOR			Date		Daytime Phone #