

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 027 ***158.75

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DOCUMENT # P95000039950					
1. Entity Name LIMA MEDICAL EQUIPMENT, INC.					
Principal Place of Business 2891 W 2 AVE HIALEAH, FL 33010 US			Mailing Address 256 NW 42 AVE HIALEAH, FL 33010 US		
2. Principal Place of Business			3. Mailing Address <i>2891 W 2 ave</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <i>Hialeah F</i>		
Zip		Country	Zip <i>33010</i>		Country
4. FEI Number 65-0586679			Applied For Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			04132006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLORES, KAREL 2891 W ZAVE HIALEAH, FL 33010				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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>04/13/06</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FLORES, KAREL		NAME		
STREET ADDRESS	1800 WEST 49TH ST SUITE 324-S		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH, FL 33012		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					