

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000051533

Entity Name: FLORIDA PROFESSIONAL DME, CO.

FILED  
Oct 14, 2009  
Secretary of State

## Current Principal Place of Business:

145 MADEIRA AVE  
SUITE 134  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

## Current Mailing Address:

145 MADEIRA AVE  
SUITE 134  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-0591864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GACHASSIN-LAFITE, JORGE C  
1121 CRANDON BLVD.  
#F604  
KEY BISCAYNE, FL 33149 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GACHASSIN LAFITE, JORGE C  
Address: 1121 CRANDON BLVD. #F-604  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: O ( ) Delete  
Name: BETANCOURT, SERGIO A  
Address: 145 MADEIRA AVE SUITE 314  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: BETANCOURT, NAYIBE  
Address: 145 MADEIRA AVE SUITE 314  
City-St-Zip: CORAL GABLES, FL 33134 US

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: SERGIO A. BETANCOURT

O

10/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date