

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052745

**FILED**  
**Apr 21, 2005**  
**Secretary of State**

**Entity Name:** UNIVERSAL MEDICAL EQUIPMENT OF PALM BEACH, INC.

**Current Principal Place of Business:**

2072 S. MILITARY TRAIL  
SUITE 5  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

3940 10TH AVENUE NORTH  
LAKE WORTH, FL 33461

**Current Mailing Address:**

2072 S. MILITARY TRAIL  
SUITE 5  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

3940 10TH AVENUE NORTH  
LAKE WORTH, FL 33461

**FEI Number:** 65-0593826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCIA, AIDA  
2072 S. MILITARY TRAIL  
SUITE 5  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

GARCIA, AIDA  
3940 10TH AVENUE NORTH  
LAKE WORTH, FL 33461 US

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

04/21/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARCIA, AIDA  
Address: 2072 S. MILITARY TRL STE 5  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GARCIA, AIDA  
Address: 3940 10TH AVENUE NORTH  
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AIDA GARCIA

PD

04/21/2005

Electronic Signature of Signing Officer or Director

Date