

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055191

FILED  
Jun 04, 2008  
Secretary of State

Entity Name: N & D MEDICAL EQUIPMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

650 PALM AVENUE  
SUITE #1  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

650 PALM AVENUE  
SUITE #1  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 65-0622213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORRERO, NIURKA  
235 EAST 17 STREET  
HIALEAH, FL 33010 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: BORRERO, NIURKA  
Address: 235 EAST 17 ST  
City-St-Zip: HIALEAH, FL 33010 US

Title: VP ( ) Delete  
Name: FERNANDEZ, NIURYS  
Address: 650 PALM AVENUE UNIT #1  
City-St-Zip: HIALEAH, FL 33010

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

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

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: NIURKA BORRERO

PST

06/04/2008

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

\_\_\_\_\_  
Date