2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# P95000064623

Entity Name: NASMED MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

12159 SW 132 CT STE 101
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12159 SW 132 CT STE 101
MIAMI, FL 33186

New Mailing Address:

FEI Number: 65-0604108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTANDER, ANTHONY
60 NW 37TH AVE - APT 803
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

BULNES, GERAIME
12159 SW 132 CT STE 101
MIAMI, FL 33186 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: GERAIME BULNES 05/18/2009
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: P ( ) Delete
Name: SANTANDER, ANTHONY
Address: 60 NW 37TH AVE - APT 803
City-St-Zip: MIAMI, FL 33133

Title: S (X) Delete
Name: BULNES, GERAIME
Address: 12159 SW 132 CT STE 101
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition
Name: BULNES, GERAIME
Address: 12159 SW 132 CT STE 101
City-St-Zip: MIAMI, FL 33186

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: GERAIME BULNES P/S 05/18/2009
Electronic Signature of Signing Officer or Director Date