

# ANNUAL REPORT (AR)

DOCUMENT # P95000086262

1. Entity Name

Z D A MEDICAL EQUIPMENT, INC.



**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

941 S. MILITARY TRAIL, UNIT F-8  
WEST PALM BEACH FL 33415

Mailing Address

941 S. MILITARY TRAIL, UNIT F-8  
WEST PALM BEACH FL 33415



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0619532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, RAMON  
953 PASEO CASTALLA  
WEST PALM BEACH FL 33405

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 VP ☐ Delete  
NAME GONZALEZ, RAMON  
STREET ADDRESS 953 PASEO CASTALLA  
CITY-STATE-ZIP WEST PALM BEACH FL 33405

☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000671190  
CITY-STATE-ZIP 03/28/07-80017-021 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/07 561-967-1404