

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010434

FILED
Feb 12, 2005
Secretary of State

Entity Name: SPRING MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

6801 NW 77 AVE
211
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6801 NW 77 AVE
211
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0637751 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOPEZ, LUIS E
1501 SW 143 COURT
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

LOPEZ, LUIS E
10661 N KENDALL DRIVE #218
MIAMI, FL 33176 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: LUIS E LOPEZ 02/12/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, LUIS E
Address: 1501 SW 143 COURT
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, LUIS E
Address: 10661 N KENDALL DRIVE #218
City-St-Zip: MIAMI, FL 33176

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: LUIS E LOPEZ P 02/12/2005
Electronic Signature of Signing Officer or Director Date