


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P96000054653 1. Entity Name FLORIDA MEDICAL EQUIPMENT NETWORK, INC. |  |
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| Principal Place of Business 8257 CAUSEWAY BLVD TAMPA, FL 33619 US | Mailing Address 8257 CAUSEWAY BLVD TAMPA, FL 33619 US |
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3390134 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SUNDIN, GLENN T 653 BREVARD AVENUE COCOA, FL 32923 |
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IN THIS SPACE**

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: *Sam Galey* (NOTE: Registered Agent signature required when reinstating) DATE: 4-15-04

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | D ANZULEWICZ, GARY M 8257 CAUSEWAY BOULEVARD TAMPA, FL 33619 |
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04/29/04-80169-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Sam Galey* Gary M Anzulewicz 4/8/04 813-626-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #