


2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/15/2006-90004-001-\$150.00-\$150.00

DOCUMENT # P96000054653
 1. Entity Name:
 FLORIDA MEDICAL EQUIPMENT NETWORK, INC.



FILED
 06 OCT 17 PM 3:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 8257 CAUSEWAY BLVD TAMPA, FL 33619 US
 Mailing Address: 8257 CAUSEWAY BLVD TAMPA, FL 33619 US



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07052006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3390134 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUNDIN, GLENN T
 653 BREVARD AVENUE
 COCOA, FL 32923

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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: *Ray M. Gray* DATE: 7/31/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANZULEWICZ, GARY M
STREET ADDRESS	8257 CAUSEWAY BOULEVARD
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gary M. Anzulewicz* DATE: 10/11/06