2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086867

Entity Name: CCA MEDICAL EQUIPMENT, INC.

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7911 NW 72 AVE 14395 SW 139 COURT

214-A #103

MEDLEY, FL 33166 US MIAMI, FL 33186 US

Current Mailing Address: New Mailing Address:

7911 NW 72 AVE 14395 SW 139 COURT

214-A #103

MEDLEY, FL 33166 US MIAMI, FL 33186 US

FEI Number: 65-0702546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALONSO, CARLOS JR

1840 W. 49 ST. SUITE 709

HIALEAH, FL 33012 US

ALONSO, CARLOS JR

14395 SW 139 COURT

#103

ALEAH, FL 33012 US #103 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: CARLOS ALONSO, JR. 01/03/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: ALONSO, CARLOS JR Name: ALONSO, CARLOS JR

 Name:
 ALONSO, CARLOS JR
 Name:
 ALONSO, CARLOS JR

 Address:
 7911 NW 72 AVE #214-A
 Address:
 14395 SW 139 COURT, #103

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33186 US

Title: () Delete Title: VPD () Change (X) Addition

 Name:
 Name:
 MACIAS, JOSE G

 Address:
 4ddress:
 14395 SW 139 COURT, #103

Address: Address: 14395 SW 139 COURT, #103
City-St-Zip: City-St-Zip: MIAMI, FL 33186 US

Title: () Delete Title: STD () Change (X) Addition

Name: Name: PRAKASH, RAJ

 Address:
 Address:
 14395 SW 139 COURT, #103

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33186 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS ALONSO, JR. PRES 01/03/2006