2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086867

Entity Name: CCA MEDICAL EQUIPMENT, INC.

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

14395 SW 139 COURT
#103
MIAMI, FL 33186   US

Current Mailing Address:	**New Mailing Address:**

14395 SW 139 COURT
#103
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
14395 SW 139 COURT
#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: _____

             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: ( ) Change ( ) Addition
Name: ALONSO, CARLOS JR	Name:
Address: 14395 SW 139 COURT, #103	Address:
City-St-Zip: MIAMI, FL 33186 US	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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   PD   04/25/2008

             Electronic Signature of Signing Officer or Director   Date