2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000038359

Entity Name: L.C. MEDICAL EQUIPMENT AND SERVICES INC.

FILED Apr 27, 2005 Secretary of State

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

11214 PINES BLVD 1623 W FLAGLER ST PMB 191 MIAMI, FL 33135 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

11214 PINES BLVD 1623 W FLAGLER ST PMB 191 MIAMI, FL 33135 PEMBROKE PINES, FL 33026

FEI Number: 65-0915878 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:

MURGUIDO, MARIO
590 SW 5 AVENUE
MIAMI, FL 33130 US

MURGUIDO, MARIO
590 SW 5TH AVENUE APT #4
MIAMI, FL 33130 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: 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MURGUIDO, MARIO
 Name:
 MURGUIDO, MARIO

 Address:
 590 SW 5 AVENUE
 Address:
 590 SW 5TH AVENUE APT #4

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

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: MARIO MURGUIDO PSD 04/27/2005