

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000055670 1. Entity Name HEALTHCARE EQUIPMENT, INC.	
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Principal Place of Business 1120 MAHOGANY WAY 104 DEL RAY BEACH, FL 33445	Mailing Address 1120 MAHOGANY WAY 104 DEL RAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0843455	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIFKA, AARON L 1120 MAHOGANY WAY 104 DEL RAY BEACH, FL 33445	DO NOT WRITE IN THIS SPACE
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I, 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.

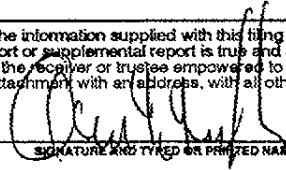
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRIFKA, AARON L 1120 MAHOGANY WAY #104 DEL RAY BEACH, FL 33445
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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 exemption stated in Section 119.07(3)(f), 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:  AARON L GRIFKA	Date 4/13/04	Daytime Phone # _____
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