2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 19, 2007
Secretary of State

DOCUMENT# P98000055670

Entity Name: HEALTHCARE EQUIPMENT, INC.

Current Principal Place of Business:

1120 MAHOGANY WAY
104
DEL RAY BEACH, FL 33445

New Principal Place of Business:

4801 LINTON BLVD. #11A
SUIT #484
DELRAY BEACH, FL 33445 US

Current Mailing Address:

1120 MAHOGANY WAY
104
DEL RAY BEACH, FL 33445

New Mailing Address:

4801 LINTON BLVD. #11A
SUIT#484
DELRAY BEACH, FL 33445 US

FEI Number: 65-0843455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFKA, AARON L
1120 MAHOGANY WAY
104
DEL RAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

SCHNER, LARRY E
750 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 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: LARRY SCHNER 07/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: GRIFKA, AARON L
Address: 1120 MAHOGANY WAY #104
City-St-Zip: DEL RAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: AARON L. GRIFKA PS 07/19/2007
Electronic Signature of Signing Officer or Director Date