

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055670

FILED
Apr 12, 2012
Secretary of State

Entity Name: HEALTHCARE EQUIPMENT, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1120 MAHOGANY WAY
SUITE #104
DELRAY BEACH, FL 33445 US

New Mailing Address:

1120 MAHOGANY WAY
SUITE #104
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:

SCHNER, LARRY E
750 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: AARON GRIFKA

PS

04/12/2012

Electronic Signature of Signing Officer or Director

Date