

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092393

FILED
Apr 26, 2004
Secretary of State

Entity Name: UNITY MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

137 W WINDHORST ROAD
BRANDON, FL 33510 US

New Principal Place of Business:

11809 ELYSSA ROAD
THONOTOSASSA, FL 33592 US

Current Mailing Address:

P.O. BOX 4093
BRANDON, FL 336094093 US

New Mailing Address:

FEI Number: 59-3546744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAZWICH, MARY K
11105 LAKE SASSA DRIVE
THONOTOSASSA, FL 33592

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EDMOND, EDWARD R
Address: 613 ROSEMARIE AVE
City-St-Zip: BRANDON, FL 33511

Title: VPD () Delete
Name: MATHIS, RHODENE V
Address: 5545 MATHIS STREET
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TD () Delete
Name: EDMOND, CALLIE R
Address: 613 ROSEMARIE AVE
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: MATHIS, JEROME
Address: 5545 MATHIS STREET
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: D () Delete
Name: GRANT, EDWARD A
Address: 3385 NW 22ND COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CALLIE R EDMOND

TD

04/26/2004

Electronic Signature of Signing Officer or Director

Date