

# 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