

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001487

FILED
Mar 10, 2009
Secretary of State

Entity Name: MEDICAL EQUIPMENT SPECIALTY, INC.

Current Principal Place of Business:

7352 CRILL AVE.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

7352 CRILL AVE.
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3550154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIPPIN, MARY E
15735 NE 148TH CT
FORT MC COY, FL 32134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIPPIN, MARY E
Address: 15735 NE 148TH ST
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: PIPPIN, LARRY E
Address: 15735 NE 158TH CT
City-St-Zip: FORT MC COY, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARY E PIPPIN

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date