

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000036803

1. Entity Name
MEDICAL EQUIPMENT LOCATOR, INC.



Principal Place of Business
906 N.E. 5TH STREET
HALLANDALE, FL 33099

Mailing Address
906 N.E. 5TH STREET
HALLANDALE, FL 33099

FILED
Apr 18, 2005 08:00 AM
Secretary of State



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0914727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, ROBERT H
906 N.E. 5TH STREET
HALLANDALE, FL 33099

**DO NOT WRITE
IN THIS SPACE**

3. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RAYMOND, ROBERT H JR.
STREET ADDRESS 906 N.E. 5TH STREET
CITY - ST - ZIP HALLANDALE, FL 33099

TITLE V
NAME HODDE, MICHAEL J
STREET ADDRESS 1388 GALLINULE CIRCLE
CITY - ST - ZIP DELRAY BEACH, FL 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-24-2005 954-457-00
Day/Time Phone If