

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042111

FILED
Jun 07, 2004
Secretary of State

Entity Name: UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.

Current Principal Place of Business:

%SECUNDINO PEREZ
1740 S.W. 57TH AVE.
MIAMI, FL 33155

New Principal Place of Business:

1740 S. W. 57 AVENUE
MIAMI, FL 33155

Current Mailing Address:

%SECUNDINO PEREZ
1740 S.W. 57TH AVE.
MIAMI, FL 33155

New Mailing Address:

1740 S. W. 57 AVENUE
MIAMI, FL 33155

FEI Number: 90-0043398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, SECUNDINO
1740 S.W. 57TH AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

LANDA, JOSE D
1740 S.W. 57TH AVENUE
MIAMI, FL 33155 US

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: JOSE D. LANDA

06/07/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PEREZ, SECUNDINO
Address: 1740 S.W. 57TH AVENUE
City-St-Zip: MIAMI, FL 33155

Title: D (X) Delete
Name: PEREZ, SECUNDINO
Address: 1740 S.W. 57TH AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LANDA, JOSE D
Address: 1740 S.W. 57TH AVENUE
City-St-Zip: MIAMI, FL 33155

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: JOSE D. LANDA

DPS

06/07/2004

Electronic Signature of Signing Officer or Director

Date