

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084469

FILED
Apr 01, 2005
Secretary of State

Entity Name: PREFERED MEDICAL EQUIPMENT SUPPLY, INC.

Current Principal Place of Business:

3675 DAVIE BLVD
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3675 DAVIE BLVD
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0951399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, MERCEDES
4351 SW 24 ST
FORT LAUDERDALE, FL 33317 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: VD () Delete
Name: TORRALVO, FRANCISCO O
Address: 1464 SW 48TH AVENUE
City-St-Zip: FT LAUDERDALE, FL 33317

Title: PD () Delete
Name: RODRIGUEZ, MERCEDES
Address: 4351 SW 24 ST
City-St-Zip: FORT LAUDERDALE, FL 33317

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 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: MERCEDES RODRIGUEZ

PRES

04/01/2005

Electronic Signature of Signing Officer or Director

Date