


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 020 ***150.00

DOCUMENT # P99000107739 1. Entity Name M.R.G. MEDICAL EQUIPMENT, INC.			
Principal Place of Business 3750 WEST 16TH AVE., 130U HIALEAH, FL 33012 US		Mailing Address 3750 WEST 16TH AVE., 130U HIALEAH, FL 33012 US	
2. Principal Place of Business 3474 WEST 84 ST BAY A Suite, Apt. #, etc. # 104		3. Mailing Address 3474 WEST 84 ST BAY A Suite, Apt. #, etc. # 104	
City & State HIALEAH- FL		City & State HIALEAH FL	
Zip 33018 Country MIAMI DADE		Zip 33018 Country MIAMI DADE	
6. Name and Address of Current Registered Agent RODRIGUEZ, LAZARO 3750 W. 16TH AVE. STE. 130 U HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and date if applicable</small>		DATE 09-08-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE T <input type="checkbox"/> Delete NAME RODRIGUEZ, JUAN M STREET ADDRESS 3750 WEST 16TH AVE., 130U CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PVST <input type="checkbox"/> Delete NAME RODRIGUEZ, LAZARO STREET ADDRESS 3750 WEST 16TH AVE., 130U CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 09-08-04 Daytime Phone # _____	

24084782



09082004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0979458** Applied For ☐ Not Applicable ☒

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