


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90081 004 \*\*\*150.00

<b>DOCUMENT # P99000111857</b> 1. Entity Name <b>ADAN MEDICAL EQUIPMENT, INC.</b>																															
Principal Place of Business <b>2019 W. 62ND ST. HIALEAH, FL 33016</b>		Mailing Address <b>2019 W. 62ND ST. HIALEAH, FL 33016</b>																													
2. Principal Place of Business <b>13091 NW 43 Ave</b> Suite, Apt. #, etc. <b>#A6</b> City & State <b>Opa-10cka FL</b> Zip <b>33054</b> Country <b>USA</b>		3. Mailing Address <b>13091 NW 43 Ave</b> Suite, Apt. #, etc. <b>#A6</b> City & State <b>Opa-10cka FL</b> Zip <b>33054</b> Country <b>USA</b>																													
4. FEI Number <b>65-0970118</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ANDRES DISNEY</b> <b>2019 W. 62ND ST.</b> <b>HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>Andres Disney Fernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>13091 NW 43 AVE #A6</b> City <b>Opa-10cka</b> State <b>FL</b> Zip Code <b>33054</b>																													
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 <u><i>A Fernandez</i></u> DATE <u>4/5/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PSD NAME FERNANDEZ, ANDRES D STREET ADDRESS 2019 W 62 ST CITY-ST-ZIP HIALEAH, FL 33016         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE PSD NAME FERNANDEZ, ANDRES D STREET ADDRESS 2019 W 62 ST CITY-ST-ZIP HIALEAH, FL 33016	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PSD NAME Fernandez, Andres D STREET ADDRESS 13091 NW 43 AVE #A6 CITY-ST-ZIP Opa-10cka FL 33054         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE PSD NAME Fernandez, Andres D STREET ADDRESS 13091 NW 43 AVE #A6 CITY-ST-ZIP Opa-10cka FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>A Fernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/5/05</u> (305) 687-3833 <small>Daytime Phone #</small>																													

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04052005 Chg-P CR2E034 (10/03)