

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20697

FILED
Apr 23, 2004
Secretary of State

Entity Name: TRIUMPH MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

3129 WEST HALLANDALE BEACH BLVD.
SUITE 106-A
HALLANDALE, FL 33009 US

New Principal Place of Business:

3725 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

Current Mailing Address:

3129 WEST HALLANDALE BEACH BLVD.
SUITE 106-A
HALLANDALE, FL 33009 US

New Mailing Address:

3725 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US

FEI Number: 65-0243424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT S SHAPIRO
3129 WEST HALLANDALE BEACH BLVD.
SUITE 106-A
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

ROBERT S SHAPIRO
3725 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAPIRO, ROBERT S
Address: 3129 WEST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: TURKTSKY, ERIC
Address: 3129 WEST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAPIRO, ROBERT S
Address: 3725 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

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: ROBERT SHAPIRO

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date