

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20697

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: TRIUMPH MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

3725 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

2721 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

## Current Mailing Address:

3725 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

2721 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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  
3725 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

ROBERT S SHAPIRO  
2721 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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:

06/30/2005

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

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: 2721 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33020

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

06/30/2005

Electronic Signature of Signing Officer or Director

Date