


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S48685</b>		
1. Entity Name MEDICAL EQUIPMENT DEPOT, INC.		
Principal Place of Business 2499 GLADES RD SUITE 210 BOCA RATON, FL 33431 US	Mailing Address 2499 GLADES RD SUITE 210 BOCA RATON, FL 33431 US	



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0325081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent CANTOR, SAMUEL J 2499 GLADES RD SUITE 210 BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U000000886289 04/18/08-80050-001 450.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CANTOR, LOUIS 7131 HIALEAH LANE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/4/08** **5619829535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #