

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V26993

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL RESPIRATORY RENTALS INC.

**Current Principal Place of Business:**

1928 NW 79 AVENUE  
DORAL, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI, FL 33131 US

**New Mailing Address:**

1928 NW 79 AVE  
DORAL, FL 33126 US

**FEI Number:** 65-0330214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IAG CORPORATE SERVICES, INC.  
6601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PERMUY, WALTER  
Address: 1928 NW 79 AVENUE  
City-St-Zip: MIAMI, FL 33174 US

Title: VPTD  
Name: PERMUY, GUILLERMO  
Address: 1928 NW 79 AVENUE  
City-St-Zip: MIAMI, FL 33174 US

I hereby 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 all other like empowered.

SIGNATURE: WALTER PERMUY

PRES

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date