

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V64945

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** AITIMA MEDICAL EQUIPMENT, INC.

**Current Principal Place of Business:**

275 FONTAINBLEAU BOULEVARD  
#166  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

275 FONTAINBLEAU BOULEVARD  
#166  
MIAMI, FL 33172 US

**New Mailing Address:**

**FEI Number:** 65-0356638      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANCHEZ, ONELIO  
750 123 CT  
MIAMI, FL 33182 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SANCHEZ, ONELIO  
**Address:** 750 NW 123 CT  
**City-St-Zip:** MIAMI, FL 33182

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:** ONELIO SANCHEZ

PRES

01/08/2010

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

\_\_\_\_\_  
Date