


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90072 035 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # M99839</b>                                 |  |
| 1. Entity Name<br><b>JAIRO'S MEDICAL EQUIPMENT, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3656 CORAL WAY<br/>MIAMI, FL 33145</b> | Mailing Address<br><b>3656 CORAL WAY<br/>MIAMI, FL 33145</b> |
|--|--|

**66012245**



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

05212008 Chg-P CR2E034 (12/06)

|              |              |  |  |
|--------------|--------------|--|--|
| City & State | City & State | 4. FEI Number<br><b>APPLIED FOR 65-0072142</b> | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|--|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>FERNANDEZ, EMILSA<br/>3656 CORAL WAY<br/>MIAMI, FL 33145</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>EMILSA LOPEZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3656 CORAL WAY</b><br>City<br><b>MIAMI</b> FL Zip Code<br><b>B3145</b> |  |
|--|--|---|--|

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:  DATE: **05/18/2008**

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |  |
|--|--|--|--|---|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FERNANDEZ, EMILSA<br>3656 CORAL WAY<br>MIAMI, FL 33145 | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | LOPEZ, EMILSA PD<br>3656 CORAL WAY<br>MIAMI FL. 33145 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |

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:  DATE: **05/18/08** 3/329-9976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**JAIRO'S**  
MEDICAL EQUIP, INC.  
SUPPLIERS - SALES - EXPORT  
ACCEPT: MEDICAID

ATTACHMENT  
66012245



May 18, 2008

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS

REF. NUMBER: M99839  
TAX ID: 65-0072142

For your request, we include  
FEI number on the annual report/2008.

Sorry for the inconvenience.

Thank you for cooperation.

JH.  
*[Signature]*  
B.