

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066283

Entity Name: DIAGNOSTIC MEDICAL EQUIPMENT SOLUTIONS CORP.

Current Principal Place of Business:

1000 QUAYSIDE TERRACE
1602
MIAMI, FL 33138

Current Mailing Address:

1000 QUAYSIDE TERRACE
1602
MIAMI, FL 33138 US

FEI Number: 20-2941219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACHUCA, MIGUEL
1000 QUAYSIDE TERRACE
1602
MIAMI, FL 33138 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MACHUCA, MIGUEL
Address 16300 NORTH EAST 19 AVENUE STE
107
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: MIGUEL MACHUCA

P

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date