

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091375

**Entity Name:** ORIENTAL MEDICAL EQUIPMENT SUPPLIES, CORP.

**Current Principal Place of Business:**

5463 NW 72ND AV  
MIAMI, FL 33166

**Current Mailing Address:**

6484 SW 166 COURT  
MIAMI, FL 33193

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARQUEZ, ALBERTO  
6484 SW 166 COURT  
MIAMI, FL 33193 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	PD	Title	VPD
Name	PEREZ, PABLO	Name	PEREZ, SERGIO
Address	5463 NW 72 AVE	Address	5463 NW 72 AVE
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166

Title SD  
 Name MARQUEZ, ALBERTO  
 Address 5463 NW 72 AVE  
 City-State-Zip: MIAMI FL 33166

*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:** ALBERTO MARQUEZ

**PRESIDENT**

**04/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date