

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000086867

Entity Name: CCA MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

6964 SW 47 ST.
MIAMI, FL 33155

Current Mailing Address:

6964 SW 47 ST.
MIAMI, FL 33155 US

FEI Number: 65-0702546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSO, CARLOS JR
6964 SW 47 ST.
MIAMI, FL 33155 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
Name ALONSO, CARLOS JR
Address 6964 SW 47 ST.
City-State-Zip: MIAMI FL 33155

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: CARLOS ALONSO, JR.

PD

05/01/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date