

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 264768

(3)

95 MAY -1 PM 2:55

1. Corporation Name

RANDLE MEDICAL SALES AND RENTALS INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1889 N.W. 7TH STREET
MIAMI FL 33125

1889 N.W. 7TH STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/26/1962

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

4. FEI Number

59-0988916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This Corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDLE, WILLIAM L
35 SW 27TH AVE
MIAMI FL

81 Name

James A. Randle

82 Street Address (P.O. Box Number is Not Acceptable)

1889 N.W. 7th Street

83

84 City

Miami

FL

85 Zip Code
33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

4-28-95

Signature of person named in Block 9 and 10, or if applicable, the person named in Block 12 or 13.

Signature of Registered Agent (Signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

TITLE

DV

NAME

RANDLE, JAMES A

STREET ADDRESS

1889 N W 7TH STREET

CITY ST ZIP

MIAMI, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

RANDLE, WILLIA L

STREET ADDRESS

1889 N W 7TH STREET

CITY ST ZIP

MIAMI, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

D

NAME

RANDLE, KENNETH

STREET ADDRESS

1889 N W 7TH ST

CITY ST ZIP

MIAMI, FL 00000

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James A. Randle, Exec. Vice President

4-28-95

(305) 643-5222