FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **613052** **(0)**

1. Corporation Name
MEDICAL EQUIPMENT RENTALS OF CENTRAL FLORIDA, IN C.

Principal Place of Business	Mailing Address
508 CENTRAL AVENUE **CRESCENT CITY FL 32112**	**508 CENTRAL AVENUE** **CRESCENT CITY FL 32112**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/15/1979	**05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-1883626** ☐ 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

8. 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
BUCHAN, GERARD **508 CENTRAL AVE** **CRESCENT CITY, FL** **32012**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	***SD* D**	11 TITLE		☐ Change ☐ Addition
NAME	**FLETCHER, WARREN D**	12 NAME		
STREET ADDRESS	**CEDAR COVE, ROUTE 309**	13 STREET ADDRESS		
CITY-ST-ZIP	**GEORGETOWN FL**	14 CITY-ST-ZIP		
TITLE	**PD**	21 TITLE		☐ Change ☐ Addition
NAME	**FLETCHER, JAMES**	22 NAME		
STREET ADDRESS	**4322 NE 11 STREET**	23 STREET ADDRESS		
CITY-ST-ZIP	**OCALA FL**	24 CITY-ST-ZIP		
TITLE	**V**	31 TITLE		☐ Change ☐ Addition
NAME	**DONAHUE, HAROLD**	32 NAME		
STREET ADDRESS	**1340 SE 17TH STREET**	33 STREET ADDRESS		
CITY-ST-ZIP	**OCALA FL**	34 CITY-ST-ZIP		
TITLE	***V* S**	41 TITLE		☐ Change ☐ Addition
NAME	**FRAZER, NORMA**	42 NAME		
STREET ADDRESS	**174 MOONLIGHT DRIVE**	43 STREET ADDRESS		
CITY-ST-ZIP	**WELAKA FL**	44 CITY-ST-ZIP		
TITLE	**V**	51 TITLE		☐ Change ☐ Addition
NAME	**BUCHAN, GERARD**	52 NAME		
STREET ADDRESS	**508 CENTRAL AVENUE**	53 STREET ADDRESS		
CITY-ST-ZIP	**CRESCENT CITY FL**	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **GERARD BUCHAN** **4-27-95** **(904) 698-2691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011847 CF