FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # G91902 (8)

1. Corporation Name

MEDICAL EQUIPMENT REPAIR SERVICES, INC.

Principal Place of Business
6092 CLARK CENTER AVE.
SARASOTA FL 34238
US

Mailing Address
6092 CLARK CENTER AVE.
SARASOTA FL 34238
US

3. Date Incorporated or Qualified: 03/13/1984
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-2441248 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 899 CLEVELAND ST.
Suite, Apt. #, etc. 27
City & State 28 ELYRIA, OH
Zip 29 44035 Country 30

9. **Name and Address of Current Registered Agent**

HATHAWAY, LINDA
6092 CLARK CENTER AVE.
SARASOTA FL 34238

10. **Name and Address of New Registered Agent**

81 Name: ALLARD, CHRISTOPHER
82 Street Address (P.O. Box Number is Not Acceptable): 2101 E. LAKE MARY BLVD.
83
84 City: SANFORD FL 85 Zip Code: 32773

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] CHRISTOPHER ALLARD — DATE 4/29/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CEO	☒ DELETE
NAME	HOWE, G. WILLARD	
STREET ADDRESS	6092 CLARK CENTER AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	☒ DELETE
NAME	HATHAWAY, LINDA	
STREET ADDRESS	6092 CLARK CENTER AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☒ DELETE
NAME	HOWE, G WILLARD	
STREET ADDRESS	6092 CLARK CENTER AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	BLOUCH, GERALD B.	
1.3 STREET ADDRESS	899 CLEVELAND ST.	
1.4 CITY-ST-ZIP	ELYRIA, OH 44035	
2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
2.2 NAME	CORCORAN, WILLIAM F.	
2.3 STREET ADDRESS	899 CLEVELAND ST	
2.4 CITY-ST-ZIP	ELYRIA, OH 44035	
3.1 TITLE	SECRETARY	☐ Change ☒ Addition
3.2 NAME	MIKLICH, THOMAS R.	
3.3 STREET ADDRESS	899 CLEVELAND ST.	
3.4 CITY-ST-ZIP	ELYRIA, OH 44035	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(x), 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: [signature] VICE PRESIDENT — 4/26/96 — 216-329-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM F. CORCORAN

CR2E034 (12/95)