

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G91902 (8)**  
 1. Corporation Name  
**MEDICAL EQUIPMENT REPAIR SERVICES, INC.**



Principal Place of Business <b>6092 CLARK CENTER AVE.                  SARASOTA FL 34238                  US</b>	Mailing Address <b>899 CLEVELAND ST                  ELYRIA OH 44035                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>ONE INVACARE WAY</b>		03/13/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2441248	
City & State		City & State		Applied For	
23		28 <b>ELYRIA OH</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29 <b>44035</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing	
25		30 <b>US</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Name and Address of Current Registered Agent <b>ALLARD, CHRISTOPHER                  2101 E LAKE MARY BLVD                  SARASOTA FL 32773</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BLOUCH, GERALD B</b>	1.2 NAME	
STREET ADDRESS	<b>899 CLEVELAND ST</b>	1.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP	<b>ELYRIA OH</b>	1.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V CORCORAN, WILLIAM F.</b>	2.2 NAME	
STREET ADDRESS	<b>899 CLEVELAND ST</b>	2.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP	<b>ELYRIA OH</b>	2.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MIKLICH, THOMAS R</b>	3.2 NAME	
STREET ADDRESS	<b>899 CLEVELAND ST</b>	3.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP	<b>ELYRIA OH</b>	3.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  **THOMAS R. MIKLICH** 4/13/98 (440) 329-6000

CR2E034 (10/97)