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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # L25952

(7)

1. Corporation SOURCE	1, MEDICAL EQUIPMENT &	L SERVICES, INC.			
Principal Plac	e of Business	Mailing Address		4 400 104 010 110 m maiau 40 m 0 1110 etus 1	401101011011011011011011011011011011
2480 EAST BAY DR		2480 E. GAY DR		1	
#1		#1 LADOO EL 24845			
LARGO FL 34841 US		LARGO FL 34641 US		3. Date Incorporated or Qualified	3a. Date of Last Report
•				10/27/1989	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 2481) E.	Bay it	59-2975208	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.)	5. Certificate of Status Desired	\$8.75 Additional
22		27 土		U. Germicate of Status Desired	Fee Required
City & Stat	e	City & State	EI	6. Election Campaign Financing	\$5.00 May Be
23		28 Lavgo	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip '	Country 30 US	8. This corporation has liability for	intangible tax under s. 199.032, ☑Yes ☐ No
24	25 9. Name and Address of Current		30 Y S	Florida Statutes 10. Name and Address of New Re	
MEIV		, riegistered Agent	81 Name	TO, Harris and Addition of How Ho	Biotolog Marin
NEIKIRK, JEFFREY S. 9633 LEEWARD AVENUE					
	30 FL 34643		82 Stroot Add	lress (P.O. Box Number is Not Acceptat	40)
	30 FE 04043		83		
					·····
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a dions of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the partion's board of directors. I hereby accept	iurpose of changing Its registered of the appointment as registered
SIGNATURE					
	Signature, typod or printed name of registered ager		Registored Agent signature requ	ined when relistating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	NEKIRK, JEFFREY S.		12 NAME		C Vitaligo C Footmon
NAME	9633 LEEWARD AVE., NORTH		13 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	LARGO FL		14 CITY-ST-ZIP		
TITLE	VIS	DELETE	2 1 TILE		Change Addition
NAME	VIERLING, HENRY F.		22 NAME		
STREET ADDRESS	8958 ST. ANDREWS DR.		2 3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3 1 THTLE		Change Addition
NAME	CREWS, L. GERALD		3.2 NAME		
STREET ADDRESS	7266 129 ST. NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3 4. CFTY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STHFFT ADDRESS		
CITY-\$1-ZIP			4.4 CRY+ST+ZIP		
TITLE		DELETE	5.1 TALE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	5.4 CITY - ST - ZIP	A PARAMETER STATE OF THE STATE	Change Addition
TITLE		DELETE	6.1 TITLE		Change
NAME			G.2 NAME		
STREET ADDRESS			G.3 STREET ADDRESS		
CITY-\$T-ZIP	by carlify that the information supplied	with this filing does not qualif	6.4 City-St-ZiP	d in Section 119.07(3)(i), Florida Statuto	s. I further certify that the
informatio	by certify that the information supplied on indicated on th is annual report or s	a with this ning boos not qualit upplemental annual report is tr	ruo and accurate and tha	id in Section 119.07(3)(1), Florida Statule at my signature shall have the same loga	s. Fruction certify that the il offect as if made under eath; 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 it made under of Lam 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 thanged, or on an attachment with an address.

FILED

Jun 19 1997 8:00am

Secretary of State