Jul 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L25952

1. Corporation Name

SOURCE 1, MEDICAL EQUIPMENT & SERVICES, INC.								1 300/1011 3/3 (1/63/ 3/74) 10/0/ 0	 	AN BIAN BIA)
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Principal Place	of Business		М	ailing Address				- () ##!!##!! aid timat aitin laint a		.,	
2480 EAST BAY DR 2480 E. BAY DR											
#1								DO NOT WR	ITF IN THIS	SPACE	
US US								3. Date Incorporated or Qualifed			
								10/27/1989			ļ
2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number			Applied For	
21			- 26	26			59-2975208		- 1	Not Applicable	
Suite, Apt. #, etc.			07	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional Required	
City & State			[27]	City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23			28	28			Trust Fund Contribution			d to Fees	
Zip		Country	1201	Zip	Coun	ntry		8. This corporation owes the cur	tent year Inti	angible	
24	2:	5	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name a	nd Address of Cur	rent Regis	stered Agent		- 1		10. Name and Address of New	Registered A	Agent	
l icce	DEV C NEIK	IDK				81 N	lame				
JEFFREY S. NEIKIRK 2480 E. BAY DR					ľ	82 S	treet Addr	ess (P.O. Box Number is Not Accept	table)		*
#1											
	GO FL 33771					83					
EARGO TE 33/11					84 C	city		FL	85 Zi	p Code	
11. Pursuant	to the provisio	ns of Sections 607.0	0502 and 6	307.1508, Florida Statu	tes, the ab	ove-na	amed corp	oration submits this statement for the	e purpose of	changing	its registered
l office or re	egistered ager	nt or both in the Sta	ate of Floor	da. Such change was a f, Section 607.0505, Flo	autnorizea	DV the	corporation	on's board of directors. I hereby acce	ept the appoi	ument as	registered
SIGNATURE		,	_					a contract of the contract of			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re											
0.0.0.0.0	Signature, typed or	` ,				Agent sig	nature require	d when reinstating)	DATE	D DIDEO	TODO IN 40
12.		printed name of registered OFFICERS		ECTORS	13.		nature require	d when reinstating) ADDITIONS/CHANGES TO O			
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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 it changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: