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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000021173 (6)

1. Corporation Name

~~HEALTH CARE MEDICAL INC.~~

N/c 01-06-97 or

FIRST CHOICE MEDICAL EQUIPMENT & SUPPLIES



Principal Place of Business

3791 WEST 18TH AVE.
HIALEAH FL 33016

Mailing Address

3791 WEST 18TH AVE.
HIALEAH FL 33012-7020

3. Date Incorporated or Qualified
03/14/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

21 1691 W. 37 ST

Suite, apt #, etc.

22 77

City, State

23 Hialeah, FL 33012

Zip

24 33012

Country

25 U.S.A

2a. Mailing Address

26 1691 W. 37 ST

Suite, apt #, etc.

27 77

City, State

28 Hialeah, FL

Zip

29 33012

Country

30 USA

4. FEI Number

65-0567449

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

DE LA VEGA, MIKE
1250 W. 53RD ST.
#7
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

MICHAEL DE LA VEGA, PRES.

1/8/97

Signature of person authorized to change registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DE LA VEGA, MIKE
STREET ADDRESS 1250 W. 53RD ST., #7
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PST
MICHAEL DE LA VEGA
1250 W. 53 ST #7
Hialeah, FL 33012

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 of this form, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

MICHAEL DE LA VEGA, PRES. (705) 820-9001

01-17-97 or 1/16

CR2E034 (9/96)