

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90121 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092474

1. Corporation Name

NORTHEAST MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

 4506 L.B. MCLEOD ROAD
 SUITE F
 ORLANDO FL 32811

 4506 L.B. MCLEOD ROAD
 SUITE F
 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

59-3345262

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing - Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	GRIGGS, STEPHEN P	
STREET ADDRESS	4506 L.B. MCLEOD ROAD, SUITE F	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	☐ DELETE
NAME	ZIOMEK, JANET L	
STREET ADDRESS	4506 L.B. MCLEOD RD., STE. F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	S NO	☐ DELETE
NAME	VELL, N. SCOTT	
STREET ADDRESS	4506 L.B. MCLEOD RD., SUITE F	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	☐ DELETE
NAME	LEVIN, MARC	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	☐ DELETE
NAME	ELKINS, MARSHALL	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Orlando, FL 32811
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S Novell, N. Scott
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Scott Novell**4/25/99****407-841-2115**

Daytime Phone #

CR2E034 (11/98)