FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S20697** **(6)**

1. Corporation Name

TRIUMPH MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
2420 CORAL WAY MIAMI FL 33145	407 LINCOLN RD. SUITE 9C MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: **12/21/1990**
3a. Date of Last Report: **04/21/1995**

4. FEI Number: **65-0243424** ☐ 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/will have liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 407 LINCOLN RD	26
Suite, Apt. #, etc. 22 SUITE 9C	Suite, Apt. #, etc. 27
City & State 23 MIAMI BEACH FL	City & State 28
Zip 24 33139 Country 25 DADE	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT S.
2420 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: ROBERT S. SHAPIRO
82 Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN RD SUITE 9C
83
84 City: MIAMI BEACH FL 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0202 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☑ Change ☐ Addition
NAME	SHAPIRO, ROBERT S.		12 NAME	SHAPIRO, ROBERT S.	
STREET ADDRESS	2420 CORAL WAY		13 STREET ADDRESS	407 LINCOLN RD. SUITE 9C	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Blocks 12 or Block 13 if changed or added above or on an attached amendment or report.

SIGNATURE: ROBERT SHAPIRO 4-2-96 3056739161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #