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 # P95000087781

1. Corporation Name
First Union Health Equipment Services

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: October 11,1995
3a. Date of Last Report:

4. FEI Number: 650612924 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 3428 S.W. 8 Street
Suite, Apt. #, etc. 22
23 City & State: Miami, FLA.
24 Zip: 33135 — 25 Country: U.S.A.

2a. Mailing Address
26 3428 S.W. 8 Street
Suite, Apt. #, etc. 27
28 City & State: Miami, FLA.
29 Zip: 33135 — 30 Country: U.S.A

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
LAZARO FELIPE GARCIA
15925 S.W. 102 PL.
MIAMI, FL. 33157

10. Name and Address of New Registered Agent
81 Name: ROSALBA SOSA
82 Street Address (P.O. Box Number is Not Acceptable): 4740 S.W. 5th Street
83
84 City: MIAMI — FL — 85 Zip Code: 33134

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 X Rosalba Sosa — Rosalba Sosa — 4/10/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres, V.Pres,Treas,sec.	☐ DELETE
NAME	LAZARO F. GARCIA	
STREET ADDRESS	15925 S.W. 102 PL.	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President& Treasurer	☒ Change ☒ Addition
1.2 NAME	Rosalba Sosa	
1.3 STREET ADDRESS	4740 S.W. 5th Street	
1.4 CITY-ST-ZIP	MIAMI, FL. 33134	
2.1 TITLE	V. President & Secret.	☒ Change ☐ Addition
2.2 NAME	LAZARO F. GARCIA	
2.3 STREET ADDRESS	15925 S.W 102 PL.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33157	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
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		

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***200.00

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)(k), 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.

SIGNATURE: Lazaro Felipe Garcia — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 Date — (305) 529-5444 Daytime Phone #

CR2E034 (12/95)

4-20-96