

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # P94000064329 (3)

1. Corporation Name

NEW ADVANCED MEDICAL EQUIPMENT CORPORATION

Principal Place of Business

6555 NW 36TH STREET
~~SUITE 201-W~~
MIAMI FL 33144

Mailing Address

6555 NW 36TH STREET
~~SUITE 201-W~~
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21 6555 NW 36 ST.

26 6555 NW 36 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 210

27 SUITE 210

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

24 33166

Country

29 33166

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

04/24/1995

4. FET Number

65-0516617

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

ARIAS, GRISEL
~~6555 NW 36TH ST~~
~~SUITE 201~~
MIAMI FL 33144

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6555 NW 36TH STREET

83 SUITE 210

84 City

MIAMI

FL

85 Zip Code

33166

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 of Officer or Director

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME ARIAS, GRISEL

STREET ADDRESS 6555 NW 36TH ST SUITE 210

CITY-STATE-ZIP MIAMI FL 33166

TITLE VPT ☐ DELETE

NAME SANTAMARIA, VICTORIA

STREET ADDRESS 6555 NW 36TH ST 210

CITY-STATE-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS 6555 NW 36 STREET, SUITE 210

4. CITY-STATE-ZIP

5. TITLE ☒ Change ☐ Addition

6. NAME

7. STREET ADDRESS 6555 NW 36 STREET, SUITE 210

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

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