FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700095035 (6)

REDI-MEDIC EQUIPMENT & SUPPLY, CO.

70 WESTWARD DRIVE

MIAMI SPRINGS FL 33166

Principal Place of Business Mailing Address 70 WESTWARD DRIVE 70 WESTWARD DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/05/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0791723 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intaggible 24 25 29 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REYES, MARINA 70 WESTWARD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33186 **B3** Zip Code 85 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TATLE ☐ Change ■ Addition REYES, EVELYN NAME 1.2 NAME 70 WESTWARD DRIVE STREET ADORESS 1.3 STREET ADDRESS MIAMI SPRINGS FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE SVPD BELETE 2.1 TITLE Change Addition gonzalez, BerTit; NAME REYES, EVELYN 2.2 NAME

NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

14. Thereby 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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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DELETE

DELETE

70 WESTWAID DI,

FILED

May 13 1998 8:00am

Secretary of State

33166

Change

Addition

Addition