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PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #1. Corporation Name

MEDICAL EQUIPMENT OF SOUTHWEST FLORIDA, INC.

| Principa | al Place of | Bus | iness |
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| | ^^ | | |

Mailing Address



| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Country 28 City & State 28 Trust Fund Contribution S.5.00 May Be Added to Fees 28 Country 29 Country 29 30 B. This optical Statutes 10 Name and Address of Interpolities autorior is 199.032. | FORT MYERS | FL 33901-6985 | | | 353 COMMERCIAL DR ORT MYERS FL 33901 | | | | | | | | | |
|--|------------------|---|-----------------------------|-----------------|---|---------------|----------|----------------------|------------------------|-----------------|--|--------------------------------|------------------------|------------------------------------|
| Suite Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | - | 3. | Date Incorporated or Qualified 04/07/1976 | | | |
| Suite, Apt. #, etc. | 2. Principal Pla | ce of Business | | 2a. | Mailing Address | | | · | | 4. | FEI Number | | | Applied For |
| Coy & State | 21 | | | 26 | | | | | | | 59-1663737 | | \Box | Not Applicable |
| Fee Required City & State City & Country City | | , etc. | | ⊢ ¬ | Suite, Apt. #, etc. | | | | | 5. | Certificate of Status Desired | <u> </u> | \$8.75 | Additional |
| 20 Country Zip Country Zip Country Since control to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes POTE Registered agent, or both, in the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes, the above named corporation is board of divisors. In the State of Florida Statutes are discorpt the oppointment as registered agent, I am factority the obligations of, Section 607.0502 print Statutes. Potential Provision of Provision of Provision Florida Statutes, and discorpt the oppointment as registered agent, I am factority the provision of Provision Florida Statutes. Potential Provision Florida Statutes Potential Statutes | 22 | | | - | | | | | | <u> </u> | | | Fee | Required |
| Zop Country Zip Zip Country Zip Zi | ` | | | | City & State | | | | | | | | \$5.0 | O May Be |
| 28 | 23 | | ÷ | | | | | · | | | | | | |
| TIMOTHY B. SANDERS 1853 COMMERCIAL DRIVE FORT MYERS FL 33901 11. Persuant 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 agent, or both in the State of Florida. Such change was submitted by the corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was submitted by the corporation's board of divoctors. Thereby accept the appointment as registered agent, or both in the State of Florida. Such change was submitted by the corporation's board of divoctors. Thereby accept the appointment as registered agent. I am a corporation submits this statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit is statement for the purpose of changing its registered agent. I am a corporation submit as a corporation su | | ├ | Jountry | | Zip | - | untry | | | | | | under s | 199.032, |
| TIMOTHY B. SANDERS 1833 COMMERCIAL DRIVE FORT MYERS FL 33901 84 City 85 City 86 City 87 City 88 C | 24 | | Addrage of Curron | 1 - 1 | and Anoni | 30 | т— | | | | | | | |
| TIMOTHY B. SANDERS 1833 COMMERCIAL DRIVE FORT MYERS FL 33901 82 Street Address (P.O. Box Number is Not Acceptable) 83 International to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing fis registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent. I am shallow with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL SANDERS, TIMOTHY B SANDERS, TIMOTHY B SANDERS, TIMOTHY B 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL SANDERS, TIMOTHY B 13. STREET ADDRESS DIV. ST. 2P THE SANDERS, KEVIN B 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME SANDERS, KEVIN B 15.636 CARRIEDALE LANE FT MYERS, FL 00000 14. City ST. 2P DELETE 1. TITLE SANDERS, KEVIN B 15.636 CARRIEDALE LANE FT MYERS, FL 00000 14. City ST. 2P DELETE 3. TITLE OTHERS 3. STREET ADDRESS CITY. ST. 2P THE OTHERS CITY. ST. 2P THE OTHERS Addition THE OTHERS Addition THE OTHERS Addition THE OTHERS Addition THE CITY ST. 2P THE C | | 9, Name and | Address of Curren | n negisti | red Agent | | BI | Nama | | 10. | Name and Address of New H | egistereo A | gent | |
| 183 COMMERCIAL DRIVE FORT MYERS FL 33901 82 Street Address (°.O. Box Number is Not Acceptable) 83 Ba City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submats 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 separate agent as a complete from the obligations of, Section 607,0506, Florida Statutes. SIGNATURE Description Provision Provision | TIMOTHY | R SANDERS | | | | | | 110110 | • | | | | | |
| FORT MYERS FL 33901 B3 City FL B5 City FL B5 Zip Code T1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of divisions. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE By Corporation's board of divisions. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE By Corporation's board of divisions. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DF OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL SANDERS, TIMOTHY B 12. NAME SIRRET ADDRESS DTY-S1-2P TIME SANDERS, TIMOTHY B 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LYAME 14.CITY-S1-2P DELETE 1.1THLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LYAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LYAME 15636 CARRIEDALE LANE SIRRET ADDRESS CITY-S1-2P DELETE 11.THLE Change Addition ADDRESS CITY-S1-2P Change Addition Change Addit | | | | | | | 82 | Street | Address | (P.C | O. Box Number is Not Acceptab | le) | | |
| 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 dispert, 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 a corporation submits this statement for the purpose of changing its registered dispert. I am a corporation submits this statement for the purpose of changing its registered dispert. I am a corporation submits this statement for the purpose of changing its registered dispert. I am a corporation submits this statement for the purpose of changing its registered dispert. I am a corporation submits this statement for the purpose of changing its registered dispert. I am a corporation submits its statement for the purpose of changing its registered dispert. I am a corporation submits its statement for the purpose of changing its registered dispert. I am a corporation submits its statement for the purpose of changing its registered dispert of corporation submits its statement for the purpose of changing its registered dispert. I am a corporation submits its statement for the purpose of changing its registered dispert of corporation submits its board of directors. I hereby accept the appointment as registered agent. I am a corporation submits its board of directors. I hereby accept the appointment as registered agent. I am a corporation submits its board of directors. I hereby accept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporation submits and occept the appointment as registered agent. I am a corporatio | | | | | | | 92 | | | | - | | | |
| 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 different and accept the objective of the o | 10111 1111 | 210 12 0000 | | | | | 63 | | | | | | | |
| or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signatu | | | | | | | 84 | City | | | | FL | 85 Zi | p Code |
| Structure speed or printed fasher of registered agent and liber if applicable. NOTE Registered Agent Sepreture required when rise stating) | or registere | a agent, or both, | In the State of Florid | da. Such d | change was authorize | ed by the | corps | named o pration's | orporatio s board o | on su of dir | ubmits this statement for the pur rectors. I hereby accept the appo | pose of char pintment as re | ging its o | registered office I agent. I am |
| 12. | | Signature typed or prints | ed name of registered agent | and title if an | nlicable (NO | TF: Recusters | ed Acres | t signat re | ramined who | en reir | ir etation) | rva te | | |
| TITLE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | 1 4 4 4 4 4 | require an | | | | DIRECTO |)BS IN 12 |
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| 6.4 C(TY-ST-ZIP 14. Too 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 | CITY-ST-ZIP | | | | | | | | <u> </u> | | | | | |

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 pocivier 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: 5

SIGNING OFFICER OR DIRECTOR

941-936-2717 Daytinie Prione II