**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

FILED
97 MAY 21 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **494803** **(0)**

1. Corporation Name
**MEDICAL EQUIPMENT OF SOUTHWEST FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O NRAI SERVICES, INC.<br>526 EAST PARK AVENUE<br>TALLAHASSEE FL 32301 | C/O NRAI SERVICES, INC.<br>526 EAST PARK AVENUE<br>TALLAHASSEE FL 32301-2525 |

3. Date Incorporated or Qualified: 04/07/1976
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21 5200 Maryland Way
Suite, Apt. #, etc.
22 Ste 400
City & State
23 Brentwood TN
Zip 24 37027 Country 25

2a. Mailing Address
26 5200 Maryland Way
Suite, Apt. #, etc.
27 Ste 400
City & State
28 Brentwood TN
Zip 29 37027 Country 30

4. FEI Number: 59-1663737 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

NRAI SERVICES, INC,.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

400002187084--1
-05/21/97--01102--020
****550.00 FL ****550.00

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 accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

400002187084--1
-05/21/97--01102--022
*****35.00 ******8.75

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | PD | ☐ Change ☒ Addition |
| NAME | SANDERS, TIMOTHY B | | 1.2 NAME | Edward Wissing | |
| STREET ADDRESS | 15636 CARRIEDALE LANE | | 1.3 STREET ADDRESS | 5200 Maryland Way Ste 400 | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | | 1.4 CITY-ST-ZIP | Brentwood TN 37027 | |
| TITLE | VPS | ☒ DELETE | 2.1 TITLE | SVP D | ☐ Change ☒ Addition |
| NAME | SANDERS, KEVIN B | | 2.2 NAME | David Gnass | |
| STREET ADDRESS | 15636 CARRIEDALE LN | | 2.3 STREET ADDRESS | 5200 Maryland Way Ste 400 | |
| CITY-ST-ZIP | FT MYERS FL | | 2.4 CITY-ST-ZIP | Brentwood TN 37027 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | SVP D | ☐ Change ☒ Addition |
| NAME | | | 3.2 NAME | Mary Ellen Rodgers | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 5200 Maryland Way Ste 400 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | Brentwood TN 37027 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | Thomas Mills | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 5200 Maryland Way | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Brentwood TN 37027 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | Robert Fringer | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 5200 Maryland Way | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Brentwood TN 37027 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Rita Hill | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 5200 Maryland Way | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Brentwood TN 37027 | JB 5-21-97 |

CR2E034 (9/96)

14. I do hereby 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:** [signature] 5/19/97 (615) 221-8884