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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **764635** (9)

1. Corporation Name

**FLORIDA ASSOCIATION OF MEDICAL EQUIPMENT DEALERS
, INC.**

Principal Place of Business

**3203 LAWTON RD.
SUITE 100
ORLANDO FL 32803**

Mailing Address

**3203 LAWTON RD.
SUITE 100
ORLANDO FL 32803**



3. Date Incorporated or Qualified
08/19/1982

3a. Date of Last Report
10/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROY, DAVID R
4201 N. FEDERAL HAY.
POMPANO BEACH FL 33064**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **SHAEFFER, TED**
STREET ADDRESS **4233 CLARK ROAD UNIT 20**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SHAEFFER, TED**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **LICHTENSTEIN BOB**
STREET ADDRESS **2131 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **LICHTENSTEIN BOB**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **THARP, WAYDE**
STREET ADDRESS **9991 SUNSET DRIVE SUITE 101**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **SEELEY BRIAN**
3.3 STREET ADDRESS **1278 OCEAN SHORE BLVD**
3.4 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **TD** ☐ DELETE
NAME **BLAQUIER, DAN**
STREET ADDRESS **2902 N.E. 23 STRET**
CITY-ST-ZIP **OCALA FL**

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **WAITE VIRGINIA**
4.3 STREET ADDRESS **2404 N. ORANGE AVE**
4.4 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **SD** ☒ DELETE
NAME **WALKER BRENDA**
STREET ADDRESS **2740 HALIBER CT.**
CITY-ST-ZIP **ST. AUGUSTINE FL 33073**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Theodore Lee Shaeffer, President 3/19/96 923-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)