

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G91902** (8)  
1. Corporation Name  
**MEDICAL EQUIPMENT REPAIR SERVICES, INC.**

Principal Place of Business  
**6082 CLARK CENTER AVE.  
SARASOTA FL 34238  
US**

Mailing Address  
**899 CLEVELAND ST  
ELYRIA OH 44035  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1984</b>	
21 Suite, Apt. #, etc.		26 <b>ONE INVACARE WAY</b>		4. FEI Number <b>59-2441248</b>	
22 City & State		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 <b>ELYRIA OH</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 <b>44035</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 <b>US</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ALLARD, CHRISTOPHER 2101 E LAKE MARY BLVD SARASOTA FL 32773</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b> 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P <input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>BLOUCH, GERALD B</b>	1.1 TITLE	
NAME	<b>899 CLEVELAND ST</b>	1.2 NAME	
STREET ADDRESS	<b>ELYRIA OH</b>	1.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
V <input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>CORCORAN, WILLIAM F.</b>	2.1 TITLE	
NAME	<b>899 CLEVELAND ST</b>	2.2 NAME	
STREET ADDRESS	<b>ELYRIA OH</b>	2.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
S <input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>MIKLICH, THOMAS R</b>	3.1 TITLE	
NAME	<b>899 CLEVELAND ST</b>	3.2 NAME	
STREET ADDRESS	<b>ELYRIA OH</b>	3.3 STREET ADDRESS	<b>ONE INVACARE WAY</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>ELYRIA OH 44035</b>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  **THOMAS R. MIKLICH** 4/13/98 (440) 329-6000

CR2E034 (10/97)