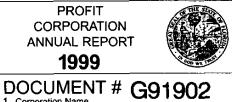
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



MEDICAL EQUIPMENT REPAIR SERVICES, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90124 005 \*\*\*150.00

Principal Place of Business Mailing Address						- 1 (000))() 0000 10000 1000 1000 1000 10	ı Giğili Eleli Bil	DIG MEDEL LOOP
6092 CLARK CE		ONE INVACARE WAY	· ·					
SARASOTA FL		ELYRIA OH 44035			l			
us		U\$	U\$			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/13/1984		
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		lied For
21		26				59-2441248		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7			-5. Certifcate of Status Desired	<b>\$8.75</b> A	1-
22 City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	•
23	•	<b>⊢</b> '	28			Trust Fund Contribution	Added to	-
Zip	Country	<del></del>	Zip Country			8. This corporation owes the current year Intar		
24	25		30					□No
	9. Name and Address of Currer		<u>,                                    </u>			10. Name and Address of New Registered A	jent	
		<u></u>	81	1 N	lame			a
ALLARD, CHRISTOPHER			82	, e	treet Address	ss (P.O. Box Number is Not Acceptable)		
2101 E LAKE MARY BLVD			02	1	licel Addres	Jiess (F.O. Box Number is Not Acceptable)		
SAR	ASOTA FL 32773		83	83				
			84	4	· ia		85 Zip C	ode
			04	•  `	ity	FL	2,50	000
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horizød by	y the	med corpor corporation	ration submits this statement for the purpose of ch 's board of directors. I hereby accept the appoint	anging its r nent as reg	egistered istered
SIGNATURE								
	Signature, typed or printed name of registered age		egisterød Age	ent sigi	nature required w	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	2S IN 12
12.		ID DIRECTORS	1.1 TITLE				☐ Change	Addition
TITLE	BLOHON CERVID B		1.2 NAME					
NAME	BLOUCH, GERALD B		1.3 STREE		200000			
STREET ADDRESS	ONE INVACARE WAY				\			1
CITY-ST-ZIP TITLE	ELYRIA OH 44 <mark>035</mark> V	☐ DELETE	1.4 CITY-5 2.1 TITLE	51 · ZIF	<del></del>		Change	Addition
NAME	CORCORAN, WILLIAM F.		2.2 NAME				_	_
			2.3 STREE		DESC			
STREET ADDRESS	EL VINATALIA ANDE		2.4 CITY-					
CITY-ST-ZIP			3.1 TITLE		<del>'</del>		Change	☐ Addition
NAME	MIKLICH, THOMAS R	_	32 NAME					Ī
STREET ADDRESS	ONE INVACARE WAY		3.3 STREE		ORESS			
CITY-ST-ZIP	ELYRIA OH 44035		3.4. CITY					
TITLE	CE11411 011 11	☐ DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAME	Ē				Į.
STREET ADDRESS			4.3 STREE		DRESS			
CITY-ST-ZIP			44 CITY-5		1			
TITLE		☐ DELETE	5.1 TITLE			<del></del>	Change	☐ Addition
NAME			5.2 NAME					
STREET AODRESS			5.3 STREE	ET ADE	DRESS			1
CITY-ST-ZIP			5.4 CITY-	ST-ZIF	•			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					ľ
STREET ADDRESS			6.3 STREE	ET ADD	DRESS			
			64 CITY-5	ST-7F	,			Į

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #