

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:03

DOCUMENT # H12682 (1)

1. Corporation Name

BAYSHORE MEDICAL EQUIPMENT CORP.

Principal Place of Business

% MEDICAL RESOURCE DEVELOPMENT
13020 NE 8 AVENUE
MIAMI FL 33161

Mailing Address

% MEDICAL RESOURCE DEVELOPMENT
13020 NE 8 AVENUE
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1984

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2436101

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. 193.032,
Florida Statutes ☒ Yes ☐ No

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

MACLAUCHLAN, STEVEN
C/O NORTH SHORE MEDICAL CENTER INC
1100 NW 95TH ST
MIAMI FL 33150

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 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

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

(NOTE: Registered Agent signature required when new/added)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GERBER, PAUL M
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

STD
RUB, MOISES

☐ Change ☒ Addition

TITLE STD
NAME ZIEGLER, GARY M
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

CD

☒ Change ☐ Addition

TITLE D
NAME FRIEDWALD, DON
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE P
NAME GARDNER, DONALD F.
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME RICHARDS, GEORGE M
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

VCD
FISCHER, KENNETH C.

☐ Change ☒ Addition

TITLE D
NAME SPEAR, HAROLD M
STREET ADDRESS 1100 NW 95TH STREET
CITY, ST, ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

JAFFER, MOHSIN

☐ Change ☒ Addition

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 193.032(b), 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:

Donald Gardner, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Gardner, Jr.

PRESIDENT

3/15/95

(305) 835-6188