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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name J12105 (9)

BONIFAY MEDICAL EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address						
Principal Place	of Business	Mailing Address			ili didil dibit bibit dibit di	an Ataly Indi
% C.H. BARTON 107 N. WAUKESHA ST. BONIFAY FL 32425		% C.H. BARTON 107 N. WAUKESHA ST. BONIFAY FL 32425-2352				
				3. Date Incorporated or Qualified 05/01/1986	3a. Date of Last 05/14/1996	
al II	ace of Business	2a. Mailing Address	. 1	4. FEI Number		pplied For
Ligo Hany	M. Day	26 70 Hrny M. Da. Suite, Apt #, etc.	y	-50 2864130 - 5 9 -		lot Applicabl
	Waukesha St.	27 107 N Wauk	esha St.	5. Certificate of Status Desired	1 1 '	Additional Required
City & State		City & State Bonifay, FL		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zιp	Country	8. This corporation has liability for	intangible tax under	
32425		29 32425	30 USA		Yes No	
	9. Name and Address of C	Current Registered Agent	81 Name e	10. Name and Address of New Ro	egistered Agent	
107	iton, C.H. N. Waukesha St. NFAY FL 32425		62 Street A	Day Amy M. odress (P.O. Box Number is Not Accepta 10.7 N. Waukesha St.	ble)	
			84 City 2	ponifav	85 Zir	Code
4 5		7 0500 d 007 1500 Flacid- Cont.	U	ONITAY	FL 👸 32	425
office of re	soistened anent or both in the	State of Florida, Such change was a	authorized by the corpo	iration's board of directors. I heraby acce		
IGNATURE .	(Januar Typical for briefly define til regieti		E: Registered Agent signature re	equired when reinstating)	03-97 DATE	
IGNATURE 2.	Oct of the state o	aco quent ar distle il applicable. (NOTI IS AND DIRECTORS	E. Ragistered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	03-97 DATE CERS AND DIRECTO	PRS IN 12
IGNATURE 2. ILE	OFFICE H	arco peni and title il applicable. (NOTI	E: Ragistered Agent signature re 13. 1.3 TITLE	equired when reinstating) ADDITIONS/CHANGES TO OFFI	03-97 DATE	PRS IN 12
IGNATURE 2. ILE MME	DOS BARTON, C.H.	aco quent ar distle il applicable. (NOTI IS AND DIRECTORS	E Ragistered Agont signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFFI DOS DOW, Amy M.	03-97 DATE CERS AND DIRECTO	PRS IN 12
GNATURE 2. IF ME HEELADORESS	DOS BARTON, C.H. 118 HOLMES AVE.	aco quent ar distle il applicable. (NOTI IS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS	additions/Changes to Offi Dos Day, Amy M. Do N. Waukesha St.	03-97 DATE CERS AND DIRECTO	PRS IN 12
GNATURE 2. LF ME REET ADDRESS TY - ST - ZIP	DOS BARTON, C.H.	aco quent ar distle il applicable. (NOTI IS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS	equired when reinstating) ADDITIONS/CHANGES TO OFFI DOS DOW, Amy M.	03-97 DATE CERS AND DIRECTO	PRS IN 12
GNATURE LE ME BELLADORESS Y-ST-ZIP LE	OFFICE R DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY-ST-ZIP	additions/Changes to Offi Dos Day, Amy M. Do N. Waukesha St.	D3-97 CERS AND DIRECTO Change	DRS IN 12
GNATURE LE ME HELLAUORESS Y-ST-ZIP LE MF	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	additions/changes to offi Dos Day, Amy M. D7 N. Waukesta St. Bonifay FL 32425	D3-97 CERS AND DIRECTO Change	PRS IN 12
GNATURE 2. If ME HELLADORESS IN-ST-ZIP ILE MY HELLADORESS	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR	The of the interpletable (NOTE) SE AND DIRECTORS SE AND DIRECTORS SE DELETE	E Rogistered Agent signature re 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	O3-97 DATE CERS AND DIRECTO Change	PRS IN 12 Addit
CNATURE 2. ILE ME REEL ADDRESS TY ST ZIP ILE MF REEL ADDRESS TY ST ZIP TY ST ZIP	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE	E Rogistered Agont signature re 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 CERS AND DIRECTO Change	PRS IN 12 Addit
GNATURE L LF ME HEELADDRESS LY-ST-ZIP LE MY HEELADDRESS LY-ST-ZIP LE LY-ST-ZIP LE LY-ST-ZIP LE LY-ST-ZIP LE LY-ST-ZIP LE LY-ST-ZIP LE	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	The of the interpletable (NOTE) SE AND DIRECTORS SE AND DIRECTORS SE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	O3-97 DATE CERS AND DIRECTO Change	PRS IN 12 Addit
GNATURE L LF ME HELLADDRESS LY-ST-ZIP LE MY HELLADDRESS LY-ST-ZIP LL LL ME MM	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	The of the interpletable (NOTE) SE AND DIRECTORS SE AND DIRECTORS SE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	O3-97 DATE CERS AND DIRECTO Change	PRS IN 12 Addit
GNATURE 2. IF ME ME RELLADORESS IY-ST-ZIP ILE MY REELADORESS IY-ST-ZIP ILE MME ME REELADORESS IY-ST-ZIP ILE MME REELADORESS	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE ORGANIC DIRECTORS SAND DIRECTORS ST. DELETE Y	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 CERS AND DIRECTO Change	Addit
GNATURE 2. IF ME ME HEELADDRESS IY-ST-ZIP ILE MY REELADDRESS IY-ST-ZIP ILE MME HEELADDRESS IX-ST-ZIP ILE MME HEELADDRESS IX-ST-ZIP IX-ST-ZIP	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	The of the interpletable (NOTE) SE AND DIRECTORS SE AND DIRECTORS SE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE1 ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	O3-97 DATE CERS AND DIRECTO Change	Addit
IGNATURE 2. ILE IME IME IRELI ADDRESS IY-SI-ZIP ILE IMF ITH ITH IME IME IME IME IME IME IME IM	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE ORGANIC DIRECTORS SAND DIRECTORS ST. DELETE Y	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 CERS AND DIRECTO Change	Addit
GNATURE IF ME HEEL ADDRESS IY-ST-ZIP ILE MY HEEL ADDRESS IY-ST-ZIP IT HEEL ADDRESS IY-ST-ZIP IT ME HEEL ADDRESS HY-ST-ZIP IT HEEL ADDRESS HY-ST-ZIP IT HEEL ADDRESS	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE ORGANIC DIRECTORS SAND DIRECTORS ST. DELETE Y	13. 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 CERS AND DIRECTO Change	Addit
GNATURE 2. ILE IME RELIADORESS IY-SI-ZIP ILE IMF INFELIADORESS IY-SI-ZIP ILE IME IME IME IME IME IME IME	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 CERS AND DIRECTO Change	RS IN 12 Addit Addit
IGNATURE 2. ILE METALORESS IY-SI-ZIP ILE MATA IT-SI-ZIP ILE IT-SI-ZIP ILE IT-SI-ZIP ILE IT-SI-ZIP ILE	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE ORGANIC DIRECTORS SAND DIRECTORS ST. DELETE Y	13. 1.3 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	RS IN 12 Addit Addit
IGNATURE 2. ILF IMF IMF IMF IMF IMF IMF IMF IMF IMF IM	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	RS IN 12 Addit Addit
IGNATURE 2. ILF IME IME IME I ALORESS IY-SI-ZIP ILE IME IME IME IME IME IME IME	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	RS IN 12 Addit Addit
IGNATURE 2. ILE IME IME I ADDRESS ITY - ST- ZIP ILE AME IME I ADDRESS ITY - ST- ZIP ILE AME IME I ADDRESS ITY - ST- ZIP ILE AME IME I ADDRESS ITY - ST- ZIP ILE AME IME I ADDRESS ITY - ST- ZIP ILE AME IME I ADDRESS ITY - ST- ZIP ILE IME I ADDRESS ITY - ST- ZIP ILE IME I ADDRESS ITY - ST- ZIP	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	Addit
CONATURE 2. ILE AME IREELADORESS ITY-SI-ZIP THE AME IREELADORESS ITY-SI-ZIP IREELADORESS TY-SI-ZIP IREELADORESS TY-SI-ZIP IREELADORESS	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.6 NAME 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 STREET ADDRESS	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	Additi
Office or reagont. Far agont. Far	DOS BARTON, C.H. 118 HOLMES AVE. BONIFAY FL D ALFORD, WILLIAM LARR' 504 BYRD AVE.	DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.6 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	additions/changes to offi Dos Day, Amy M. Do N. Waukesta St. Benifay FL 32425	D3-97 DATE CERS AND DIRECTO Change Change	RS IN 12 Additi

FILED

Apr 09 1997 8:00am

Secretary of State