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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J12105 (9)

1. Corporation Name
BONIFAY MEDICAL EQUIPMENT COMPANY, INC.

Principal Place of Business % C.H. BARTON 107 N. WAUKESHA ST. BONIFAY FL 32425	Mailing Address % C.H. BARTON 107 N. WAUKESHA ST. BONIFAY FL 32425-2352
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2. Principal Place of Business 21 % Amy M. Day Suite, Apt. #, etc. 22 107 N. Waukesha St. City & State 23 Bonifay, FL Zip 24 32425	2a. Mailing Address 26 % Amy M. Day Suite, Apt. #, etc. 27 107 N. Waukesha St. City & State 28 Bonifay, FL Zip 29 32425	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 05/01/1986	3a. Date of Last Report 05/14/1996
4. FEI Number -50-2864180-59-3432983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BARTON, C.H.
107 N. WAUKESHA ST.
BONIFAY FL 32425

10. Name and Address of New Registered Agent

81 Name	Day, Amy M.
82 Street Address (P.O. Box Number is Not Acceptable)	107 N. Waukesha St.
83	8
84 City	Bonifay
85 Zip Code	FL 32425

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 *Amy M. Day* **DATE** **04-03-97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOS <input checked="" type="checkbox"/> DELETE BARTON, C.H. 118 HOLMES AVE. BONIFAY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> DELETE ALFORD, WILLIAM LARRY 504 BYRD AVE. BONIFAY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Day, Amy M. 107 N. Waukesha St. Bonifay FL 32425
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Amy M. Day* **DATE** **03-27-97** **(904)547-4004**

CR2E034 (9/96)