

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

May 01 1996 8:00 am  
Secretary of State

DOCUMENT # J50631 (7)

1. Corporation Name

INTERSTATE MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

~~10 ALMA HERNANDEZ~~  
3233 PALM AVENUE  
HIALEAH FL 33012

5995 PLAZA DRIVE  
MS 1460  
CYPRESS CA 90630



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/07/1987		3a. Date of Last Report 08/30/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2782155		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
SPIVACK, DAVID 1 ALHAMBRA PLAZA 10TH FLOOR CORAL GABLES FL 33134				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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWELL, WAYNE	1.2 NAME	D Lowell, Wayne
STREET ADDRESS	5995 PLAZA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA 90630	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KONOWIECKI	2.2 NAME	500001810345
STREET ADDRESS	KONOWIECKI, JOSEPH J	2.3 STREET ADDRESS	-05/07/96--01018--006
CITY-ST-ZIP	5995 PLAZA DRIVE	2.4 CITY-ST-ZIP	***200.00
CITY-ST-ZIP	CYPRESS CA 90630		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SPIVACK, DAVID	3.2 NAME	Spivack, David
STREET ADDRESS	3233 PALM AVENUE	3.3 STREET ADDRESS	1 Alhambra Plaza, Ste. 1000
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GARROTE, IVONNE	4.2 NAME	Garrote, Ivonne
STREET ADDRESS	3233 PALM AVENUE	4.3 STREET ADDRESS	1 Alhambra Plaza, Ste. 1000
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D/C
STREET ADDRESS		5.3 STREET ADDRESS	Folick, Jeff
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5995 Plaza Drive
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Cypress, CA 90630
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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:

Joseph Konowiecki

Secretary

4/24/96

(714) 229-2763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)