

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J50631 (7)
1. Corporation Name
INTERSTATE MEDICAL EQUIPMENT, INC.

97 MAY -1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
3233 PALM AVENUE MIALEAH FL 33012	5995 PLAZA DRIVE MS 1460 CYPRESS CA 90630-5028

3. Date Incorporated or Qualified 01/07/1987		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2782155		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <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			
10. Name and Address of New Registered Agent			

2. Principal Place of Business		2a. Mailing Address	
21	One Alhambra Plaza Suite, Apt. #, etc.	26	One Alhambra Plaza Suite, Apt. #, etc.
22	Suite 1000 City & State	27	Suite 1000 City & State
23	Coral Gables, FL Zip Country	28	Coral Gables, FL Zip Country
24	33134 25	29	33134 30

SPIVACK, DAVID
PACIFICARE OF FLORIDA, INC.
ONE ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES FL 33134

81	Name	Gerald B. Sternstein		
82	Street Address (P.O. Box Number is Not Acceptable)	215 South Monroe Street		
83		Suite 815		
84	City	Tallahassee	FL	85 Zip Code 32301

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 _____

GERALD B. STERNSTEIN, ESQ.

4-30-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOWELL, WAYNE	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KONOWIECKI, JOSEPH	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SPIVACK, DAVID	
STREET ADDRESS	1 ALHAMBRA PLAZA STE 1000	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GARROTE, IVONNE	
STREET ADDRESS	1 ALHAMBRA PLAZA STE 1000	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	FOLICK, JEFF	
STREET ADDRESS	5995 PLAZA DR.	
CITY - ST - ZIP	CYPRESS CA 90630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Rimmer		
1.3 STREET ADDRESS	One Alhambra Plaza, Suite 1000		
1.4 CITY - ST - ZIP	Coral Gables, FL 33134		
2.1 TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Robyn Arrington, Jr. MD		
2.3 STREET ADDRESS	One Alhambra Plaza, Suite 1000		
2.4 CITY - ST - ZIP	Coral Gables, FL 33134		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	100002162131--2		
4.2 NAME	-05/01/97--01089-025	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.3 STREET ADDRESS	****165.00 ****165.00		
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K. C. Rimmer

4/29/97
Date

313-871-7879
Daytime Phone #

CH2E034 (9/96)