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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J50631

INTERSTATE MEDICAL EQUIPMENT, INC.

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rincipal Place of Business	Mailing Address
233 PALM AVENUE	5985 PLAZA DRIVE
IALEAH FL 33012	MS 1460
	CYPRESS CA 90630-5028

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business 2. A Mailing Address 2. One Alhambra Plaza 2. Suite, Apt. #, etc 2. Suite 1000 2. City & State 2. Suite 1000 2. City & State 2. Coral Gables, FL 2. Country 2. Principal Plaza 2. Suite 1000 2. City & State 2. Suite 1000 2. City & State 3. Coral Gables, FL 2. Coral Gables, FL 2. Country 3. This corporation has liability for intangible to Florida Statutes 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name Gerald B. Sternstein 3. Street Address (P.O. Box Number is Not Acceptable) 3. To Name and Address of Current Registered Agent 3. Name Gerald B. Sternstein 3. Street Address (P.O. Box Number is Not Acceptable)) No		
21 One Alhambra Plaza Suite, Apt #, etc Suite, Apt #, etc 22 Suite 1000 City & State 23 Coral Gables, FL Zip Country 24 33134 25 29 33134 SPIVACK, DAVID PACIFICARE OF FLORIDA, INC. ONE Alhambra Plaza Suite, Apt #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation has liability for intangible to Florida Statutes Florida Statutes Yes SPIVACK, DAVID PACIFICARE OF FLORIDA, INC. ONE Alhambra Plaza Soute, Apt #, etc. Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible to Florida Statutes Florida Statutes Yes Gerald B. Sternstein Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street 82 Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032,		
Suite, Apt. #, etc 22 Suite 1000 City & State 23 Coral Gables, FL 24 33134 25 29 33134 25 29 33134 25 29 33134 30 SPIVACK, DAVID PACIFICARE OF FLORIDA, INC. ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES FL 33134 Suite, Apt. #, etc. Street 1000 6. Election Campaign Financing Trust Fund Contribution Frust Fund Contribution Street FL Suite Florida Statutes Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No		
Suite 1000 City & State City & State City & State Coral Gables, FL Zip Country Zip Country Zip Suite 1000 Country Zip Country Zip Country Zip Country Zip Country Zip Suite 1000 8. Election Campaign Financing Trust Fund Contribution Florida Statutes Florida Statutes Yes SPIVACK, DAVID PACIFICARE OF FLORIDA, INC. ONE ALHAMBRA PLAZA, SUITE 1000 CORAL GARLES EL 23134 STreet Address (P.O. Box Number is Not Acceptable) Z15 South Monroe Street 83	\$5.00 May Be Added to Fees lax under s. 199.032, No		
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PACIFICARE OF FLORIDA, INC. ONE ALHAMBRA PLAZA, SUITE 1000 CODAL GARLES EL 33134 Gerald B. Sternstein Street Address (P.O. Box Number is Not Acceptable) 215 South Monroe Street 83			
Suite 815			
Suite 513 State 513			
11. Fursuarit to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above-named corporation submits this statement for the purpose of coffice or registered agent for both, in the State of Florida. Sach change was authorized by the corporation's board of directors. I hereby accept the appoint agent I am familiar with and accept the objection 607.0505, Florida Statutes. SIGNATURE Significant hard or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE OFFICE ON AUTO DIFFICE ON AUTO DIF	77		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND I			
	Change 🙀 Addition		
NAME LOWELL, WAYNE 12 NAME Kenneth Rimmer			
STREET ADDRESS 5995 PLAZA DRIVE 1.3 STREET ADDRESS One Alhambra Plaza, Sui	.te 1000		
CINY-ST-ZIF CYPRESS CA 90630 1.4 CITY-ST-ZIP Coral Gables, FL 33134			
— · · · · · · · · · · · · · · · · · · ·	Change X Addition		
NAME KONOWIECKI, JOSEPH 22 NAME Robyn Arrington, Jr. MD	}		
STREET ADDRESS 5995 PLAZA DRIVE 23 STREET ADDRESS One Alhambra Plaza, Sui	te 1000		
CHY-SI-ZIP CYPRESS CA 90630 24 CHY-SI-ZIP Coral Gables, FL 33134	ļ		
DILE V X DELETE 31 TITLE	☐ Change ☐ Addition		
NAME SPIVACK, DAVID 3.2 NAME			
STREET ADDRESS 1 ALHAMBRA PLAZA STE 1000 3.3 STREET ADDRESS			
	1212		
CITY-ST-ZIP	Change (1-511-Addition		
NAME GARROTE, IVONNE 4.2 NAME ****165.00	TOUCH OF THE		
STREEL ADDRESS 1 ALHAMBRA PLAZA STE 1000 43 STREET ADDRESS	**************************************		
CITY-ST-ZIP CORAL GABLES FL 33134 44 CITY-ST-ZIP 44 CITY-ST-ZIP 51 TITLE 51 TITLE	Change Addition		
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NAME FOLICK, JEFF 5.2 NAME			
STREET ADDRESS 5995 PLAZA DR. 5.3 STREET ADDRESS			
CIFY-ST-ZIP CYPRESS CA 90830 5.4 CITY-ST-ZIP	Ohanas III s dabe		
	Change Addition		
NAME 62 NAME			
STREET ADDRESS 63 STREET ADDRESS			
64 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 of the exemption stated in Section 119.07(3)(i), Florida Statutes.			

The control of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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 ham 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 and an attachment with an address.

SIGNATURE: