

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business: **3233 PALM AVENUE, WIALEAH FL 33012**
Mailing Address: **5985 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: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**SPIVACK, DAVID
PACIFICARE OF FLORIDA, INC.
ONE ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
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** 85 State: **FL** 86 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]* **GERALD B. STERNSTEIN, ESQ** DATE: **4-30-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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		

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******165.00 ****165.00**

[Signature]

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]* **R.C. RIMMER** DATE: **4/29/97** DAYTIME PHONE: **313-871-7879**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)