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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 # K05014 (1)

1. Corporation Name

MEDICAL EQUIPMENT DISTRIBUTION & SUPPLY, INC.

Principal Place of Business

10400 GRIFFIN ROAD
SUITE 304
COOPER CITY FL 33328
US

Mailing Address

10400 GRIFFIN RD.
SUITE 304
COOPER CITY FL 33328
US

2. Principal Place of Business

2a. Mailing Address

21 4851 NW 103 Ave.

26 Suite, Apt. #, etc.

22 Suite 10 #142

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 FL

25 USA

29 33351

30 Country

9. Name and Address of Current Registered Agent

ALARCON, OSCAR
1329 S.W. 151 WAY
SUNRISE FL 33328

10. Name and Address of New Registered Agent

81 Name JANICE ALARCON

82 Street Address (P.O. Box Number is Not Acceptable)

301 Bonaventure Blvd.

83 Unit #11

84 Ft. Lauderdale

FL

85 Zip Code 33326

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 *Janice Alarcon, President*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALARCON, OSCAR
STREET ADDRESS 1329 S.W. 151 WAY
CITY-ST-ZIP SUNRISE FL

TITLE D ☐ DELETE

NAME ALARCON, JANICE
STREET ADDRESS 1329 S.W. 151 WAY
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME OSCAR ALARCON
1.3 STREET ADDRESS 1600 W Golfview Drive
1.4 CITY-ST-ZIP Pembroke Pines, FL 33326

2.1 TITLE President ☒ Change ☐ Addition

2.2 NAME JANICE ALARCON
2.3 STREET ADDRESS 301 Bonaventure Blvd., #11
2.4 CITY-ST-ZIP Ft. Laud., FL 33326

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Janice Alarcon* / JANICE ALARCON 4/26/96 954/741-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (12/95)