

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90114 020 ***150.00

DOCUMENT # K05014

1. Corporation Name

MEDICAL EQUIPMENT DISTRIBUTION & SUPPLY, INC.



Principal Place of Business

4851 NW 103 AVE
SUITE 42
SUNRISE FL 33351
US

Mailing Address

4851 NW 103RD AVE #42
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1987

4. FEI Number

65-0018731

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 301 Bonaventure Blvd.

Suite, Apt. #, etc.

22 Unit #11

City & State

23 Weston, FL

Zip

24 33326

Country

25 US

2a. Mailing Address

26 318 Indian Trace

Suite, Apt. #, etc.

27 Box 132

City & State

28 Weston, FL

Zip

29 33326

Country

30 US

9. Name and Address of Current Registered Agent

ALARCON, OSCAR
1600 W GOLFVIEW DR
PEMBROKE PINES FL 33326

10. Name and Address of New Registered Agent

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 signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME ALARCON, OSCAR
STREET ADDRESS 1600 W GOLFVIEW DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33326

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME President
1.3 STREET ADDRESS Janice Alarcon
1.4 CITY-ST-ZIP 301 Bonaventure Blvd. #11
Weston, FL 33326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99
Date

954-349-1286
Daytime Phone #

CR2E034 (11/98)