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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K31082 DOCUMENT # Corporation Name

(6)

13790 SW 8 ST.

MIAMI MEDICAL EQUIPMENT SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

33/84

29

11469 SW 40 ST. MIAMI FL 33165-3311

2. Principal Place of Business

MIAMI AL.

OSRALDO FRIGER

11469 SW 40 ST

MIAMI FL 33165

Suite, Apt. #, etc.

33184

City & State

Zip

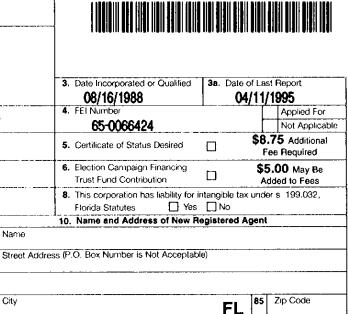
22

13790 SW 8 ST

11469 SW 40 ST. MIAMI FL 33165-3311

Suite, Apt. #. etc.

MIAMI FL.



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

Country

82

83

84 City

Name

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THLE	PD	DELETE	1. 1 TITLE	Change 🗀	Additio
NAME	OSRALDO FRIGER		1.2 NAME		
STREET ADDRESS	11469 SW 40 STREET		1.3 STREET ADDRESS		
CITY-S1-2IP	MIAMI FL		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE	Change 🔲	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
Cily-ST-ZiP			2 4 CITY-ST-ZIP		
THILE		□ DELETE	3. 1 TITLE	☐ Change ☐	Additio
NAME			3 2 NAME		
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NAME			4.2 NAME		
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CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	☐ Change ☐	Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CTN - 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 argual 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 ad Iress

SIGNATURE: OSUAI DO FRIGOR