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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K31618 (7)  
1. Corporation Name  
ADVANCED MEDICAL EQUIPMENT AND SUPPLIES, INC.



Principal Place of Business Mailing Address  
105 E. MARION AVE 105 E. MARION AVE  
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-3626

3. Date Incorporated or Qualified 08/23/1988 3a. Date of Last Report 04/24/1996  
4. FEI Number 65-0059875 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
LOWE, MICHAEL  
2476 MALAYA CT S.  
PUNTA GORDA FL 33983

10. Name and Address of New Registered Agent  
81 Name David Wright  
82 Street Address (P.O. Box Number is Not Acceptable) 9241 OLDF HICKORY  
83  
84 City FT. MYERS 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 DAVID WRIGHT 04/23/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, MICHAEL	1.2 NAME	
STREET ADDRESS	2446 MALAYA CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUGHAN, KEVIN	2.2 NAME	
STREET ADDRESS	6012 WHITE HERON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, FERENC	3.2 NAME	
STREET ADDRESS	619 ROSE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JERRY	4.2 NAME	
STREET ADDRESS	1878 S FOUNTAINHEAD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/21/97 Daytime Phone # 2674300

CR2E034 (9/96)