

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K31618** (7)  
1. Corporation Name  
**ADVANCED MEDICAL EQUIPMENT AND SUPPLIES, INC.**

Principal Place of Business <b>105 E. MARION AVE PUNTA GORDA FL 33950</b>	Mailing Address <b>105 E. MARION AVE PUNTA GORDA FL 33950</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>AS above</b>		2a. Mailing Address 26 <b>AS above</b>		3. Date Incorporated or Qualified <b>08/23/1988</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0059875</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEIGHT, DAVID 9261 OLDE HICKORY FT MYERS FL 33983</b>		10. Name and Address of New Registered Agent 81 Name <b>Lowe, Michael</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2446 Malaya Ct.</b> 83 84 City <b>Punta Gorda</b> FL 85 Zip Code <b>33983</b>	
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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 Michael Lowe DATE 4/9/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>2446 MALAYA CT.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL 33983</b>	1.4 CITY - ST - ZIP	<b>Add zip code - 33983</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUGHAN, KEVIN</b>	2.2 NAME	
STREET ADDRESS	<b>6012 WHITE HERON LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SANIBEL FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>9241 OLDE HICKORY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: Michael Lowe DATE: 4/9/98 941637-8722

CR2E034 (10/97)