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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # L47932

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90166 042 ***150.00



| Principal Plac | FLORIDA MEDICAL EQUI | Mailing Address 5739 N.W. 7TH ST. | | | **** | | | | | | | |
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| US | | US | | | | 3. Date Incorpora | | | 11155 | PACE | | |
| | | | | | | 01/31/1990 | ated of Qualific | • | | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | | | | Applie | ed For |
| 21 | | 26 | — · | | | | ├ | | | | pplicable | |
| Suite, Apt. | . #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Ac | | | | 5 Add | litional |
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| City & Sta | te | City & State | | | | | aign Financing | | | | 00 ма | |
| 23 | | 28 | | | | Trust Fund Co | ntribution | | | Add | ed to F | ees |
| Zip | Country | Zip | _ | untry | | 8. This corporation | | ment yea | _ | | | |
| 24 | 25 | 29 | 30 | | _ | Personal Prop | | Donista | | Yes | | No |
| | 9. Name and Address of Cu | urrent Registered Agent | | 81 | Name | 10. Name and Ad | Idress or New | Registe | ared A | gent | | |
| HERN | NANDEZ, RODOLFO | | | | - | | | | | | | |
| | N.W. 7TH STREET | | | 82 | Street Addre | ess (P.O. Box Number | er is Not Accep | table) | | | | |
| | II FL 33126 | | | 83 | <u></u> | - | _ | | | | | |
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| | | | | 84 | City | e "Nie | 1 | • | FI | 85 | Zip Coc | de ` |
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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 of report of 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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE:Y

305-761-8141