

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L53757** (5)
1. Corporation Name
SPECIAL CARE DURABLE MEDICAL EQUIPMENT CORP.



Principal Place of Business
**4200 NW 16TH ST
#101
LAUDERHILL FL 33313
US**

Mailing Address
**P.O. BOX 15723
SUITE 118
PLANTATION FL 33318
US**

3. Date Incorporated or Qualified
02/28/1990

3a. Date of Last Report
07/11/1995

4. FEI Number
65-0178849

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
21 **4200 NW 16 TH Street**
Suite, Apt. #, etc.
22
City & State
23 **Lauderhill, FL**
Zip Country
24 **33313** 25 **USA**

2a. Mailing Address
26 **4200 NW 16TH Street**
Suite, Apt. #, etc.
27
City & State
28 **Lauderhill, FL**
Zip Country
29 **33313** 30 **USA**

9. Name and Address of Current Registered Agent

**EMAS, MARSHALL J. ES
C/O SHEA & GOULD
1428 BRICKELL AVENUE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **Jean Lisowicz**
82 Street Address (P.O. Box Number is Not Acceptable)
1821 SW 69TH Ave.
83
84 City **Plantation, FL** 85 Zip Code **33317**

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	P JEAN LISOWICZ	4200 NW 16TH ST., #101	LAUDERHILL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)