

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
REINSTATEMENT

97 OCT 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # (M76734) MSV
1. Corporation Name
ALPHA MEDICAL EQUIPMENT CORPORATION

Principal Place of Business
1018 N. WARD STREET
TAMPA FL 33607

Mailing Address
1018 N. WARD STREET
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/18/88	3a. Date of Last Report 1995
4. FEI Number 59-2893371	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

GELLERSTEDT, SAMUEL

10. Name and Address of New Registered Agent

81 Name LAKY, MICHAEL S.
82 Street Address (P.O. Box Number is Not Acceptable) 1018 N. WARD ST.
83
84 City TAMPA
85 Zip Code FL 33536

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	1018 N. WARD STREET	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	GELLERSTEDT, SAMUEL	DELETE
NAME	1018 N. WARD ST.	
STREET ADDRESS	TAMPA, FL 33607	
CITY-ST-ZIP		
TITLE	JOHNSON, DARIAN	DELETE
NAME	1018 N. WARD STREET	
STREET ADDRESS	TAMPA, FL 33607	
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Add
1.2 NAME	300002322039--6	
1.3 STREET ADDRESS	-10/16/97-01068--003	
1.4 CITY-ST-ZIP	***\$15.00 ***\$15.00	
2.1 TITLE	Change	Add
2.2 NAME	LAKY, MICHAEL S.	
2.3 STREET ADDRESS	1018 N. WARD ST.	
2.4 CITY-ST-ZIP	TAMPA, FL 33607	
3.1 TITLE	Change	Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Add
4.2 NAME	REINSTATEMENT	
4.3 STREET ADDRESS	1997	
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Add
6.2 NAME		
6.3 STREET ADDRESS		
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: 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.