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

FILED
Aug 06, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000001520 (4)**

1. Corporation Name
GENESIS MEDICAL EQUIPMENT INC.

Principal Place of Business
7248 NW 70 ST
MIAMI FL 33166
US

Mailing Address
~~7224 NW 72 AVE~~
~~MIAMI FL 33166~~
US

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 7248 N.W. 70 ST
Suite, Apt. # etc.
27
City & State 28 MIAMI FL.
Zip 29 33166 | Country 30 DADE

4. FEI Number: 65-0290773 ☐ 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

9. Name and Address of Current Registered Agent

DIAZ, ALEJANDRO
~~5272 W. 24TH CT~~
~~7224 NW 72ND AE~~
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: DIAZ Alejandro
82 Street Address (P.O. Box Number is Not Acceptable): 5272 W. 24 Ct.
83
84 City: Hialeah FL 85 Zip Code: 33016

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: Alejandro Diaz (Alejandro Diaz) DATE: 5/29/96
Signature of Registered Agent (Alejandro Diaz)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DIAZ, ALEJANDRO	
STREET ADDRESS	7248 NW 70 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~VPS~~	☒ DELETE
NAME	~~KIAZ~~, LETICIA	
STREET ADDRESS	7224 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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	P-VPS	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Alejandro Diaz (Alejandro Diaz) 5/29/96 305-888-9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)