

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009393 (8)**

1. Corporation Name

ALL BAY MEDICAL EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
100 BAYVIEW BOULEVARD SUITE C OLDSMAR FL 34677 US	935 WICKS DR. PALM HARBOR FL 34685

3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 07/29/1994
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2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc	26 State, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

4. FEI Number 59-3164929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEISS, PATRICIA A
935 WICKS DR.
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
Signature (hand or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WILLIAMSON, PATRICIA A
STREET ADDRESS	935 WICKS DR.
CITY, ST, ZIP	PALM HARBOR FL 34684
TITLE	D
NAME	WILLIAMSON, RAYMOND H
STREET ADDRESS	935 WICKS DR.
CITY, ST, ZIP	PALM HARBOR FL 34684
TITLE	D
NAME	WEISS, PATRICIA A
STREET ADDRESS	3505 TARPONWOODS AVE., Q406
CITY, ST, ZIP	PALM HARBOR FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *Patricia A. Weiss* **Patricia A. Weiss, Corp Sec.** Date: **04/28/95** Telephone: **813-835-1139**