FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000009393 (8)

FILED May 08 1998 8:00am Secretary of State

ALL BAY MEDICAL EQUIPMENT, INC.								
1.52						I IBBNIBBN NA (BNBB NAN) SANN BANN ARNA B	Programa (natural de la composição de la c	AN eo Park an a
Principal Place of Business Mailing Address						i inniidit iin aninn itili abite natel dutif f	#111 #015# 18580 [#160 fd	iinn iii inni
109 BAYVIEW BOULEVARD 935 WICKS DR.								
SUITE C PALM HARBOR FL 34685 OLDSMAR FL 34877						DO NOT WRITE IN	THIS SPACE	
US					-	3. Date Incorporated or Qualified		
						02/01/1993		
	Place of Business 2a. Mailing Ad	dress				4, FEI Number	Ā	pplied For
21 6800 Gulfpoet Blud. 26						59-3164929		lot Applicable
Suite, Apt. #, etc.							\$8.75	Additional
22 109 27						b. Continuate of Status Desired	Fee R	Required
City & State					Ì	6. Election Campaign Financing		May Be
23 South PASADENA, FL28 Zip Country Zip				·····		Trust Fund Contribution		to Fees
24 3370			Country		İ	8. This corporation owes or has paid to		
24 22 /	9, Name and Address of Current Registered Agent	[30]				Personal Property Tax due June 30 10. Name and Address of New Regis		_] No
WE	ISS, PATRICIA A	·· ···	81	Name				
935 WICKS DR.						(5.0.0		
PALM HARBOR FL 34684				Street	Address	s (P.O. Box Number is Not Acceptable)		
,,,,			83					
				-				
			84	City			FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the at office or registered agent, or both, in the State of Florida Such change was authorized agent. I arm army army ar with, and accept the obligations of, Section 607.0505, Florida States.					corpora	ation submits this statement for the purp	ose of changing	its registered
agent. 1 a	ry amiliar with, and accept the obligations of, Section 60	inge was authoi 7.0505, Florida	rized by Statutes	tne corp	ooration	s board of directors. I hereby accept the	ne appointment as	s registered
SIGNATURE (WNER	(PI	ATE IC	IA	A. Weiss)	aprila	7.1997
40	Signature, typod or printed name of registered agent and title if applicable			nt signature	required y	vhen reinstating)	DA V .	7
12.	OFFICERS AND DIRECTORS		i3. Li title			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
NAME	_	WHITEHOOM DATOION I		ŀ			C) Change	Xoalton
STREET ADDRESS	935 WICKS DR.		1.2 NAME 1.3 STREET A	YDVDCC6				
CITY-ST-ZIP	DALLA MADBOD CL 04004			- ZIP				
TITLE			1 TITLE	-211			☐ Change	Addition C
NAME	WILLIAMSON, RAYMOND H		2.2 NAME					
STREET ADDRESS	935 WICKS DR.	2	.3 STREET	ADDRESS				
CITY-ST-ZIP	BALAL HARRON EL AZONA		!. 4 CITY- S	T-ZIP				
TITLE			.1 TITLE		,		☐ Change	☐ Addition
NAME			2 NAME			•		
STREET ADDRESS			3 STREET /	ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		4. CITY-S	F- ZIP				
TITLE	L} (DELETE 4	1 TITLE				☐ Change	☐ Addition
NAME			. 2 NAME					
STREET ADDRESS		4	.3 STREET A	ADDRESS				
CITY-ST-ZIP			4 CITY - ST	- ZIP			——————————————————————————————————————	
TITLE	[] [.1 TITLE				Change	Addition
NAME CTREET ADDRESS			.2 NAME					
STREET ADDRESS			.3 STREET A					
CITY-ST-ZIP	<u> </u>		4 CITY-ST .1 TITLE	- ZIP			Change	Addition
NAME			.2 NAME				orange	
STREET ADDRESS			.3 STREET A	LOOBESS				
CITY-ST-ZIP			.3 SINCEL A .4 CITY-ST					
	artifu that the information cumplied with this filing does no		OIII -01		dir Cor	sting 110 07(0)(i) Figuida Past day 15 a	La caracter of the	

representation report of the corporation of the receiver of 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.