

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011115 (1)

1. Corporation Name

B AND B MEDICAL EQUIPMENT, INC.

Principal Place of Business

2675 NW 4TH ST.
MIAMI FL 33125
US

Mailing Address

2675 NW 4TH ST.
MIAMI FL 33125
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

02/11/1994

4. FEI Number

65-0386904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangibles tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MIAMI-FORENSIC~~
2675 NW 4TH ST.
MIAMI FL 33125

81. Name

RINA MARTINEZ

82. Street Address (P.O. Box Number is Not Acceptable)

2675 NW 4th St.

83.

84. City

MIAMI

FL

85. Zip Code

33125

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 607.0503, Florida Statutes.

SIGNATURE

Rina Martinez

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MIAMI-FORENSIC
STREET ADDRESS	2675 NW 4TH ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	RINA MARTINEZ
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 am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1412.07(2)(b), 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 addressee.

SIGNATURE:

Rina Martinez

RINA MARTINEZ 4-10-95 305-644-3281