

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

DOCUMENT # P93000016443 (2)

1. Corporation Name

MARTHA MEDICAL EQUIPMENT, CORP.

Principal Place of Business

4980 SW 72 AVE.
#301
MIAMI FL 33155

Mailing Address

POST OFFICE BOX 432436
MIAMI FL 33243



3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
05/12/1995

2. Principal Place of Business

21 1800 SW 1 ST #321
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 432436
Suite, Apt. #, etc.

4. FEI Number

65-0395694 65-0395694

Applied For

Not Applicable

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

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

24 Zip

33135

Country

U.S.

29 Zip

33243

Country

U.S.

9. Name and Address of Current Registered Agent

LLERENA, LOUIS
900 SW 8 CT.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name LOUIS LLERENA

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

444 SW 64 AVE

83

84 City MIAMI

FL

85 Zip Code 33144

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

LOUIS LLERENA

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 LLERENA, LOUIS
STREET ADDRESS 900 SW 8 CT.
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME LOUIS LLERENA

1.3 STREET ADDRESS 444 SW 64 AVE

1.4 CITY-ST-ZIP MIAMI FL 33144

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

LOUIS LLERENA

1-12-96

267-0873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)