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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000017333

1. Corporation Name

AFFORDABLE MEDICAL EQUIPMENT AND SUPPLY INC.

Principal Place of Business Mailing Address							T (# # 14 # 14 # 14 # 14 # 14 # 14 # 14		111441	1488 (111 148)	
8809-B GUNN HIGHWAY ODESSA FL 33556 US 8809-B GUNN HIGHWAY ODESSA FL 33556 US			ſ				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
,	•						03/08/1993				
2. Principal Place of Business 2a. Mailing Address				11.			4. FEI Number	Applied For			
21	•	26	26				65-0402517	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			ditional	
22	والمحارب ومصالح والمراز	27	27				5. Certificate of Status Desired	Fee	e Req	uired	
City & State	e	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip					8. This corporation owes the current year Into	angible			
24	25 29 30						Personal Property Tax.	Yes]No	
•	9. Name and Address of Currer	nt Registered Agent					10. Name and Address of New Registered	Agent			
	or irriby			81	N:	ame					
KNODT JENNY L.					SI SI	treet Addres	ss (P.O. Box Number is Not Acceptable)				
	9 B. Gunn Hwy. Issa Fl 33556			-	_			-	_		
ODE				83	1						
				84	C	ity	FL	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.									egistered stered		
SIGNATURE	Signature, typed or printed name of registered age					nature required v	when reinstating) DATE				
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR		
TITLE	P DELETE 1.		1.1 TITLE				☐ Cha	nge	Addition		
NAME	KNODT, JENNY L.		1	1.2 NAME			•				
STREET ADDRESS	5517 RAVEN CT.		1.3 STREET ADDRESS		RESS		-	-			
CITY-ST-ZIP	TAMPA FL		1	1.4 CITY-ST-ZIP			<u> </u>				
TITLE	V	☐ DELETE 2		2.1 TITLE				Cha	nge	Addition	
NAME	GARVIN, GEORGE K. I		■ " '		2.2 NAME					·	
STREET ADDRESS			2.3 STREET ADDRESS		RESS						
CITY-ST-ZIP	TAMPA FL	F = 1 10 10 mm 1 10		2.4 CITY+		2				□ Addition	
TITLE	•	☐ DELETE		3.1 TITLE		•		☐ Chai	nge	☐ Addition	
NAME	<i>'</i>			3.2 NAME							
STREET ADDRESS			3.3 STRI		T ADO	RESS	,				
CITY-ST-ZIP			_	3.4. CITY-S		,				Addition	
TITLE		☐ DELETE	4	4.1 TITLE		•		☐ Cha	inge	Addition	
NAME			4	4. 2 NAME			·				
STREET ADDRESS			4	4.3 STREE		RESS					
CITY-ST-ZIP	·			4.4 CITY-ST		1					
TITLE		☐ DELETE		5.1 TITLE				Cha	ınge	Addition	
NAME				5.2 NAME		•					
STREET ADDRESS		•		5.3 STREE			·				
C/TY+ST-ZIP				5.4 CITY-ST-ZIP							
TITLE		☐ DELETE		3.1 TITLE				Cha	nge	☐ Addition	
NAME	\		■ 6	3.2 NAME		1					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 ith all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP