

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000017829 (1)

1. Corporation Name
ALL AMERICAN MEDICAL EQUIPMENT INC.

830-487-6054
FILED
AUG 25 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
POST OFFICE BOX 300725
FERN PARK FL 32730

Mailing Address
POST OFFICE BOX 300725
FERN PARK FL 32730-0725

3. Date Incorporated or Qualified 03/05/1993
3a. Date of Last Report 02/27/1996
4. FEI Number 59-3172658
Applied For Not Applicable
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. 199.01, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

RIVERA, EVELINDA
814 OLD BARN RD
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name MARIA R. Lasa
82 Street Address (P.O. Box Number is Not Acceptable) 1215 Seminola Blvd Ste. 101
83
84 City Jacksonville FL 85 Zip Code 32210

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1

1.1 TITLE ☐ Change ☐
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐
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 ☐ Change ☐
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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****173.75 ****173.75

14. I do 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 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

20/2

All American Medical Equipment Inc.

DURABLE MEDICAL EQUIPMENT SPECIALISTS

July 22, 1997

Florida Department of State
Divisions of Corporations

Re: All American Medical Equipment Inc.

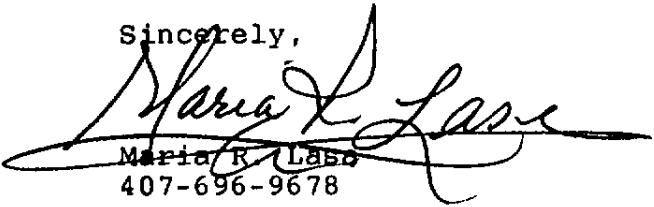
To whom it may concern:

Per our telephone conversation with Gina at your customer service we were indicated to write a letter with copies of the first annual report that was submitted back in February 27, 1997, (see attached).

Apparently, this report was never received by your office. Please, review per Gina told us to mail all the copies with a new check for \$160.00.

Thank you for all your help with this matter. If you have any questions and/or need further information please contact our office.

Sincerely,


Maria R. Lasso
407-696-9678