

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

FILED

98 MAY 18 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P93000024558 (7)

1. Corporation Name  
F & M MEDICAL RENTALS, INC.

Principal Place of Business

1022 N.W. 23RD COURT, REAR  
MIAMI FL 33125

Mailing Address

1022 N.W. 23RD COURT, REAR  
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

4. FEI Number

~~65-0327346~~ 65-0503366

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4315 N.W. 7 ST.

Suite, Apt. #, etc.

22 40

City & State

23 MIAMI, FL

Zip

24 33126

Country

25 US

2a. Mailing Address

26 4315 N.W. 7 ST.

Suite, Apt. #, etc.

27 40

City & State

28 MIAMI, FL

Zip

29 33126

Country

30 US

9. Name and Address of Current Registered Agent

ALFONSO, FRANK  
1022 N.W. 23RD COURT, REAR  
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

GARCIA, ODALYS

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

4315 N.W. 7 ST.

83

SUITE 40

84

City MIAMI

FL

85

Zip Code 33126

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

Odalys Garcia

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-30-98

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALFONSO, FRANK  
STREET ADDRESS 1022 N.W. 23RD COURT, REAR  
CITY-ST-ZIP MIAMI FL 33145

☒ DELETE

TITLE VP  
NAME ALFONSO, MAGALY  
STREET ADDRESS 1022 NW 23RD COURT REAR  
CITY-ST-ZIP MIAMI FL 33125

☒ DELETE

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  
12 NAME GARCIA, ODALYS  
13 STREET ADDRESS 4315 N.W. 7 ST., STE 40  
14 CITY-ST-ZIP MIAMI, FL 33126

☒ Change

☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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 on an attachment with an address.

SIGNATURE

Odalys Garcia

ODALYS GARCIA

04-30-98

(305)569-0059

CR2E034 (10/97)