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

**PROFIT** CORPORATION ANNUAL REPORT-

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000024558

F & M MEDICAL RENTALS, INC.

Principal Place of Business	Mailing Address
4315 N.W. 7TH STREET	4315 N.W. 7TH STREET
SUITE 40	Suite 40
MANUEL COLOC	MIAMI FL 33126

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90018 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

	•	1			03/29/1993	·		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For	
21	•	26	<del>-</del>		65-0503366		Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	us Desired			
22	27 City & State		6. Election Campaign Financing S5.00 May Be					
City & State		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	<del></del>		8. This corporation owes the current year	r Intangible		
24	25	<b>⊢</b> ¬ '	30		Personal Property Tax.	☐ Yes 🏅	XNo	
241	9. Name and Address of Current				10. Name and Address of New Register	red Agent		
			81	Name		•		
GARCIA, ODALYS			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
4315 N.W. 7TH STREET				Street Address (F.O. DOX Humber is Not Acceptable)				
	E 40		83		16.00 (1.10			
MAIM	WI FL 33126		04	City	** * * * * * * * * * * * * * * * * * *	85 Zip C	ode	
			84	City	`	FLIII		
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 of the purpose of changing its 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE								
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		***************************************	Change	☐ Addition	
NAME	GARCIA, ODALYS		1.2 NAME		•			
STREET ADDRESS	4315 N.W. 7TH STREET, STE.	40	1.3 STREET	ADDRESS		,		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST	Γ-ZIP	<u> </u>			
TITLE	HAVANI I E GO IEO	☐ DELETE	2.1 TITLE			Change	☐ Addition	
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STREET ADDRESS			2.3 STREET	ADDRESS				
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NAME			3.2 NAME					
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TITLE "	Haracon G	☐ DELETE	4.1 TTLE		2017年1月1日日本	कृत्र [ि Change]	,   Addition	
NAME	24 S 27		4. 2 NAME		• _	4.	į	
STREET ADDRESS		•••	4.3 STREE	T ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME			,		
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP	1773		5.4 CITY-S	T-ZIP		Chanca	Addition	
TITLE 3.39	A CONTRACT OF THE STATE OF THE	☐ DELETE	6.1 TITLE	ļ	•	☐ Change	☐ Addition	
NAME (	The state of the s	A	6.2 NAME	1				
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CITY-ST-ZIP	1000		6.4 CITY-S	T-ZIP				

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, with all other like empowered.

