FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # P93000028153 (3)

1. Corporate Name

NEW LIFE RENTAL MEDICAL EQUIPMENT, INC.

Principal Office Address
8362 PINES BLVD., SUITE 235
PEMBROKE PINES FL 33024

Mailing Address
8362 PINES BLVD., SUITE 235
PEMBROKE PINES FL 33024

3. Date Incorporated (Formed): 04/16/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0401044 — 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. Pursuant to Section 607.0505 Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent

NIEVES, DIEGO H
8362 PINES BLVD.
SUITE 235
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0508 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

D
NIEVES, DIEGO H
8362 PINES BLVD., SUITE 235
PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. Further, I certify that the information shown on the annual report or supplemental annual report is true and accurate and that my signature shall constitute 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 above, or on an attachment with an asterisk.

SIGNATURE: Diego H. Nieves 4-13-95 (305)446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0086778 CP