## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		SION OF CORPO					
. Corporation	i i venine	00003296	1 (3)					
EAST COAST MEDICAL EQUIPMENT INC.								
rincipal Place	of Business	Mailing Address	S			BOILL ARING BOHIN BO	100 INTER 11070 I	OTER BISES WELL ING
11117 WEST OKEECHOBEE ROAD SUITE 121 HIALEAH GARDENS FL 33016		SUITE 121 HIALEAH GA	HIALEAH GARDENS FL 33016		Date Incorporated or Qualified			
US		US			05/03/1993	Ja. D.	02/22/1	
. Principal Pla I	ace of Business	2a. Mailing Add	ress		4. FEI Number			Applied For
L	f, etc.	26 Suite, Apt. #	#. etc		65-0415409			Not Applicable
		27	., 0.0.		5. Certificate of Status Desire	ed 🔲		5 Additional Required
Orty & State		City & State	1		6. Election Campaign Finance	oing _		O May Be
7 <sub>0</sub>	Country	Zip	Cc	ountry	Trust Fund Contribution			d to Fees
	25	29	30	J. C. C.	B. This corporation has liabili     Florida Statutes	ity for intangible ]Yes ∏No	tax under s	199.032,
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of it	New Registere	d Agent	
74740	COCDATEC			81 Name				
	Socrates West okeechobee road	<b>1</b>		82 Street Add	Iress (P.O. Box Number is Not Acc	ceptable)		
	H GARDENS FL 33016	•		83				·
								~· <del></del>
				84 City			0F 7	a Cada
torringa year	o the provisions of Sections 607.0 xl agent, or both, in the State of f n, and accept the obligations of, S	0502 and 607.1508, Florid Florida. Such change was Section 607.0505, Florida	ia Statutes, the ab authorized by the Statutes.	84 City  pove-named corpo e corporation's boa	oration submits this statement for the ard of directors. I hereby accept the	he purpose of c	1 1	p Code registered offic Lagent, Lam
SNATURE s	Signal are typed or probed name of registered.  OFFICERS	agent and hile if any licable  AND DIRECTORS	(NOTE Registers	pove-named corpo e corporation's boar ed Agent signature require		he purpose of de appointment (	changing its as registered	registered offic Lagent, Lam
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SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #