FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

4-16-96 B 3836 C

DOCUMENT # **P93000040550 (4)**

1. Corporation Name

J.R. MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
1850 SW 8 STREET SUITE 407 MIAMI FL 33135 US	7673 WEST 29TH LANE SUITE 102 HIALEAH FL 33016

3. Date Incorporated or Qualified: **06/08/1993**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21: 7700 W 24 AVE
Suite, Apt. #, etc.
22: 1
City & State
23: HIALEAH, FL.
Zip
24: 33016
Country
25: U.S.A.

2a. Mailing Address
26: 7700 W 24 AVE
Suite, Apt. #, etc.
27: 1
City & State
28: HIALEAH, FL.
Zip
29: 33016
Country
30: U.S.A.

4. FEI Number: **65-0415103** ☐ 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. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

YBARGOLLIN, JOSE
1400 S.W. 11TH TERRACE
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name: JOSE YBARGOLLIN
82 Street Address (P.O. Box Number is Not Acceptable): 2300 SW 19 ST
83:
84 City: MIAMI **FL** 85 Zip Code: 33145

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (Title: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YBARGOLLIN, JOSE 1400 S.W. 11TH TERACE MIAMI FL 33135	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD YBARGOLLIN, JOSE 2300 SW 19 ST MIAMI, FL. 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOTO, ROBERTO 7673 WEST 29TH LANE HIALEAH FL 33016	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD SOTO, ROBERTO 7673 WEST 29TH LANE, # 102 HIALEAH, FL. 33016	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ _____ 04-01-96 (305)819-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERTO SOTO JOSE YBARGOLLIN