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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 8:17

DOCUMENT # **P93000049891 (3)**

1. Corporation Name
ROCHELLE MEDICAL EQUIPMENT AND SUPPLIES, INC.

Principal Place of Business	Mailing Address
~~1959 N.W. 50TH ST.~~ ~~MIAMI FL 33142~~	~~1959 N.W. 50TH ST.~~ ~~MIAMI FL 33142~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21 3550 Biscayne Blvd	26 3550 Biscayne Blvd
22 Suite, Apt. #, etc. ~~#~~ #210	27 Suite, Apt. #, etc. ~~#~~ #210
23 City & State: Miami FL	28 City & State: Miami FL
24 Zip: 33137 25 Country: U.S	29 Zip: 33137 30 Country: U.S

4. FEI Number: 65-0434554 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, LUCIA
~~1959 N.W. 50TH ST.~~
~~MIAMI FL 33142~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3550 Biscayne Blvd
83 ~~Miami~~ #210
84 City: Miami FL 85 Zip Code: 33137

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: ✓ Lucia Lopez — Lucia Lopez — 4-4-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required where mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	D/Pres ☒ Change ☐ Addition
NAME	LOPEZ, LUCIA	12 NAME	Lopez, Lucia
STREET ADDRESS	~~1959 N.W. 50TH ST.~~	13 STREET ADDRESS	3550 Biscayne Blvd #201
CITY ST ZIP	~~MIAMI FL 33142~~	14 CITY ST ZIP	Miami FL 33137
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: ✓ Lucia Lopez — Lucia Lopez — 4-4-95 — (305) 633-9428
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0151520 CP