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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996		Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			
DOCUMENT # 1. Corporation Name	P930000	62599 (4)			
SOUTHERN MEDICAL	. EQUIPMENT, INC	C.			
Principal Place of Business	Mai	ling Address			
296 S.W. 7TH ST. #16 Miami Fl 33130		296 S.W. 7TH ST. #16 MIAMI FL 33130			
Principal Place of Business	2a.	Mailing Address			



Principal Place of Business Mailing Address		T GENINDI IIN IBIRE MINI DONI EDIN BRIK ONIN DINK NIGH SKIN INI IBIK ING				
296 S.W. 7TH ST. 296 S.W. 7TH ST. #16						
MIAMI FL 33130	MIAMI FL 33130			3. Date incorporated or Qualified 09/01/1993	3a. Date of L	ast Report 27/1995
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26			65-0441433		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$	5.00 May Be
Zip Country	Zip	Col	entry			Added to Fees
24 25	29	30	, iii y	8. This corporation has liability for in Florida Statutes		der's 199.032,
9. Name and Address of Current				10. Name and Address of New Re		
			81 Name	TO. THE PUBLICATION OF THE PUBLI	gistored Agen	
CANOVAS, PLACIDO						
296 S.W. 7TH ST.			82 Street Ad	dress (P.O. Box Number is Not Acceptable	∍)	
#16			83			
MIAMI FL 33130						
MILMITEE 33 (30			84 City		<b>P</b> 85	Z <sub>I</sub> p Code
11. Pursuant to the provisions of Sections 607 0503	and 607 1509 Florida Cta	Alaba Aba aba	L			
Pursuant to the provisions of Sections 607.0502 or registered agent, or both, in the State of Florid familiar with and accept the obligations of Sections			ve-named corp corporation's bo	oration submits this statement for the purp pard of directors. I hereby accept the appoi	xose of changing intment as regist	its registered office
familiar with, and accept the obligations of, Section	on 607.0505, Florida Statu	ıtes.		, , , , , , , , ,	or togic	toroo again. Yani
SIGNATURE Signature, typed or printed name of registered agon; a						
12. OFFICERS AND		(NOTE: Registered	Agent signature requi		DATE	
THE D	DELETE	1.17	ti E	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
NAME CANOVAS, PLACIDO	<b>5</b>	1.2 N/			☐ Cha	ange 🗌 Addition 🗦
STREET ADDRESS 296 S.W. 7TH ST., #16						[2]
CITY-ST-ZIP MIAMI FL 33130			REET ADDRESS			CTORS IN 12 Inge
TITLE	☐ DELETE	2. 1 Ti	TY-ST-ZIP		F-3 A	
NAME	L. J DECENE				☐ Cha	inge 🗌 Addition 🖸
STREET ADDRESS		2.2 NA	i			
CITY - ST- ZIP		ľ	REET ADDRESS			
TILE	☐ DELETE	3 1 Ti	TY-ST-ZIP		F10:	
NAME					☐ Cha	nge 🔲 Addition
STREET ADDRESS		32 NA				-
CITY-S1-ZIP			REET ADDRESS			
TITLE	DELETE	3.4 Cil 4. 1 Ti	Y-ST-ZIP			
NAME	ال مبدر		- 1		☐ Cha	nge 🔲 Addition
STREET ADDRESS		4.2 NA				
CITY-S1-ZIP		T T	REE1 ADDRESS			
TITLE	☐ DELETE		Y·ST-ZIP			5 12 22
NAME	[ ] precept	5 1 T/			∐ Chai	nge 🔲 Addition
STREET ADORESS		52 NA	1			
CITY-ST-ZIP			REET ADDRESS			
TITLE			Y-ST-ZIP			
NAME	L DELETE	C 4 T-1	ne l			
	DELETE	6. 1 Til	ļ		Char	nge Addition
	☐ DELETE	6.2 NA	ME		Char	nge Addition
STREET ADDRESS CITY-ST-ZIP	[ □ DELETE	6.2 NA . 6.3 STI	ļ		Char	nge Addition

certify that the information indicate the mormalist supplied with this adjust 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 directaffor the compration 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 12 floring and an attachment with an address.

GNATURE:

SIGNATURE: 社

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/46 305 (228-1189)