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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:49

DOCUMENT # P93000063665 (2)

1. Corporation Name
VITAL - CARE MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
3600 S. STATE ROAD 7 SUITE 303 MIRAMAR FL 33023 US	3600 S. STATE ROAD 7 SUITE 303 MIRAMAR FL 33023 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business: 21 5190 NW 167th ST	2a. Mailing Address: 26 5190 NW 167th ST
Suite, Apt. #, etc.: 22 SUITE 114	Suite, Apt. #, etc.: 27 SUITE 114
City & State: 23 MIAMI, FLORIDA	City & State: 28 MIAMI, FLORIDA
Zip: 24 33014 Country: 25 US	Zip: 29 33014 Country: 30 US

4. FEI Number: 65-0437084 ☐ 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

ANTOO, BISRAM JR
3600 S. STATE ROAD 7
SUITE 206
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: ANTOO, BISRAM JR
82 Street Address (P.O. Box Number is Not Acceptable): 5190 NW 167th ST
83 SUITE 114
84 City: MIAMI FL 85 Zip Code: 33014

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 X [signature] DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ANTOO, BISRAM JR
STREET ADDRESS	3600 S. STATE RD. 7, STE. 303
CITY-ST-ZIP	MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PST	☒ Change ☐ Addition
1 2 NAME	ANTOO, BISRAM JR	
1 3 STREET ADDRESS	5190 NW 167th ST SUITE 114	
1 4 CITY-ST-ZIP	MIAMI, FL 33014	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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: [signature] 1/31/95 305-621-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000321 CP