

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000064338 (5)

1. Corporation Name

INTERNAL MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

301 NW 84TH AVE  
PLANTATION FL 33324

PO BOX 16270  
PLANTATION FL 33318  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

65-0435830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, JAY L  
301 NW 84TH AVE  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
KNIGHT, JAY L  
STREET ADDRESS  
301 NW 84TH AVE  
CITY-ST-ZIP  
PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MESSINA, FRANK  
STREET ADDRESS  
301 NW 84TH AVE  
CITY-ST-ZIP  
PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
LAZAR, ALAN M  
STREET ADDRESS  
301 NW 84TH AVE  
CITY-ST-ZIP  
PLANTATION FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HALE, MARTIN E  
STREET ADDRESS  
301 NW 84TH AVE  
CITY-ST-ZIP  
PLANTATION FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Sandra B. Mortham

2/10/98 954 472-9399

CR2E034 (10/97)