Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90223 044 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068277

1. Corporation Name

EAGLE MEDICAL EQUIPMENT, INC.

CHOILE I	WEDIONE EGOII WEITT, INC	•								
Principal Place	e of Business	Mailing Address				: IUUTIAUI ITU IKI	.e. (111) (1917) (18)	en aben Antik a		#14 (###1 1 <b>4%) 19#</b> 1
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MIAMI FL 33144	4 ·	MIAMI FL 33144			<u> </u>		O NOT WRIT	EIN IHIS	SPACE	
•						Incorporated 27/19 <u>93</u>	or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address	10.		4. FEIN					Applied For
21		26			65-0	<u> 1440957</u>				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certif	cate of Statu	s Desired	Π	<b>+</b>	Additional
22		27								Required
City & State	e .	City & State			1	on Campaigr		П		<b>0</b> May Be
23	···	28	_		Trust	Fund Contrib	oution		Adde	d to Fees
Zip	Country	Zip	Country			•	wes the curr	ent year Inta		Пи.
24	25	29	30			nal Property			☐ Yes	
	9. Name and Address of Curre	ent Registered Agent		None	10. Name	and Addre	ss of New R	egistered /	rgent	
VED	A VENILE		81	Name Y	EMi /	= 1	ERA	!		
	A, YEMILE .		82	Street_Add	Idress (P.O. Bo	x Number is		ıble)	/_	s <del>/</del> .
	6 SW 8TH ST			67	50	WAT	F	ASI	en	
SUIT			83	N.	AM;		·	•		
MIAN	WI FL 33144		84	City	· · · · /	<del></del>			85 Zi	p Code
				,,				FI		2144
14 D	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the above	e-named cou	orporation subn	nits this state	ment for the	purpose of o	hanging tment as	its registered registered
11. Pursuant office or reagent. Las	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida: Such change was pations of, Section 607.0505, F	authorized by lorida Statutes	the corpora	ation's Doard of	a)	nereby_accet	DATE	uriient as	Tegistered
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14. I hereby certify that the information supplied with this filling 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 attachinery with an apprecia, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #