FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000084023 (9)**

1. Corporation Name

J & J MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
8153 N.W. 192ND ST. MIAMI FL 33015	8153 N.W. 192ND ST. MIAMI FL 33015

21 801 W. 49 ST	2a. Mailing Address 26 1800 S.W. 1 ST
Suite, Apt. #, etc 22 106 C	Suite, Apt. #, etc 27 SUITE 312
City & State 23 MIAMI FL	City & State 28 MIAM FL
Zip 24 33012 Country 25 DADE	Zip 29 33135 Country 30 DADE

3. Date Incorporated or Qualified: **12/02/1993**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0484018** ☐ 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

VALDEZ, ROLANDO
8153 N.W. 192ND ST.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: ROLANDO VALDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 801 W. 49 ST SUITE 106 C
83
84 City: MIAMI **FL** 85 Zip Code: 33012

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] 3-5-96.
signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	VALDEZ, ROLANDO	
STREET ADDRESS	8153 N.W. 192ND ST.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	VALDEZ, ROLANDO	
1.3 STREET ADDRESS	801 W. 49 ST SUITE 106C	
1.4 CITY-ST-ZIP	HIALEAH, FL 33012	
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] 3-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)