FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # P93000085633 (4)

1. Corporate Name
PAVILION MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207	800 PRUDENTIAL DRIVE JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3214043	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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH HULSEY & BUSEY PA 1800 FIRST UNION BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DV	☐ Change ☐ Addition
NAME	BURGHARDT	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ Change ☐ Addition
NAME	PARRETT, DONALD O.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Change ☐ Addition
NAME	PERRY, KENNETH C.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Change ☐ Addition
NAME	WHORTON, JAMES H.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ Change ☐ Addition
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TAS	☐ Change ☐ Addition
NAME	PERRY, LINDA	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	

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(1)(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: Rebecca B. Jackson 4-25-95 904/393-2001

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

0016715 CP