FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DOCUMENT # 1. Corporation Name

P9400000976 (8)

YOUR MEDICAL EQUIPMENT COMPANY, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address									
854 N.W. 87TH AVE. 854 N.W. 87TH STE. 304			AVE.				·· ==**** # ##{	-ern #911 0 :	1811 (8814 5 (1) (88
MIAMI FL (33172	MIAMI FL 33172							
2. Principal I	Place of Business					3. Date Incorporated or Qualified 01/05/1994	3a. Dat	e of Last)4/27/1	Report
Suite, Apt		2a. Mailing Address 26	·			4. FEI Number 65-0455742		<u> </u>	Applied For Not Applicab
City & Stal	·	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional Required
3]	Country	City & State				Election Carripaign Financing Trust Fund Contribution		\$5.	00 May Be
1	25	Zip 29	Coun	try		8. This corporation has liability for i	intangible ta	ax under	s 199.032.
	9. Name and Address of Cu	rrent Registered Agent	30			Florida Statutes Yes	No -		
				317	Name	10. Name and Address of New R	egistered	Agent	
LLABRE	e, pablo			- 1					
	W. 87TH AVE.		18	12	Street Addre	ss (P.O. Box Number is Not Acceptable	le)		
STE. 30			8	3	-				
MIAMI F	FL 33172		ļ_	_					
- D					City	-	FL	85 Z	p Code
or register	to the provisions of Sections 607.00 red agent, or both, in the States of Fi	92 and 607,1508, Florida Statut	tes, the above	-na	med corporat	tion submits this statement for the pure			
farniliar wi	ith, and accept a state of	607.0505, Florida Statute	zea by the car s.	rpor	ration's board	tion submits this statement for the purp of directors. I hereby accept the appo	intment as	registere:	registered offi dagent. Lam
IGNATURE _								,	
2.	Signature, type	Red and the dapplicable (NC	OTE: Registered Ag	ent s	signature required y	vhen reinstatingi	- UATE		
l E	PTSD	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	DC IN 10
ME	LLABRE, PABLO	☐ DETELE	1. 1 THILE					Change	Addition
EFT ADDRESS	854 NW 87TH AVENUE ST	E 204	1.2 NAME				_		L] Nation
Y-SI-ZiP	MIAMI FL 33172	E. 304	1.3 STREE	T AD	DRESS				
				ST-	ZIP				
Lt I			14 C/TY-						
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or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, in further 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

SIGNATURE:

4/76/96 (305)551-8076