

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

0277921

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

04-01-1999 90089 033 \*\*\*150.00  
 04-01-1999 90089 034 \*\*\*\*\*8.75

DOCUMENT # **P94000001333**

1. Corporation Name  
**UNIVERSAL MEDICAL EQUIPMENT INC.**



Principal Place of Business  
 4355 W 16TH AVENUE  
 SUITE 203A  
 HIALEAH FL 33012

Mailing Address  
 P.O. BOX 558690  
 MIAMI FL 33255-8690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 3012 30

2a. Mailing Address  
 26 4355 W 16th Avenue  
 Suite, Apt. #, etc.  
 27 Suite 203A  
 City & State  
 28 HIALEAH FL  
 Zip Country  
 29 3012 30

3. Date Incorporated or Qualified  
**01/06/1994**

4. FEI Number  
**65-0459080** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**GARCIA, ANA M**  
**5587 SW 8 ST.**  
**MIAMI FL 33134**

10. Name and Address of New Registered Agent  
 81 Name  
**Clemente V. Calana**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8851 NW 119th St. #6206**  
 83  
 84 City  
**Hialeah Gardens FL** 85 Zip Code  
**33018**

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 Clemente Calana **CLEMENTE CALANA PS.** **02-10-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	PD	
NAME	GARCIA, ANA M	
STREET ADDRESS	5587 S.W. 8 ST.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	PS		
1.2 NAME	CALANA, CLEMENTE V.		
1.3 STREET ADDRESS	8851 NW 119th St. #6206		
1.4 CITY-ST-ZIP	Hialeah Gardens Fl 33018		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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

SIGNATURE: Clemente Calana **CLEMENTE CALANA PS.** **02-10-99** **(305) 512-9588**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)