FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000002054 (2)

1. Corporation Name
I & M MEDICAL EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
4800 N.W. 4TH STREET MIAMI FL 33126	4800 N.W. 4TH STREET MIAMI FL 33126

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:
4. FEI Number: 65-0459714 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

REBULL, ISABEL
4800 N.W. 4TH ST.
MIAMI FL 33126

10. Name and Address of New Registered Agent

01 Name: Isabel M. Rebull
02 Street Address (P.O. Box Number is Not Acceptable): 6595 N.W. 36 ST
03 Suite #320-A
04 City: Virginia Gardens FL 05 Zip Code: 33166

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	REBULL, ISABEL	12 NAME	Isabel M. Rebull
STREET ADDRESS	4800 N.W. 4TH ST.	13 STREET ADDRESS	6595 N.W. 36 ST. Suite #320-A
CITY-ST-ZIP	MIAMI FL 33126	14 CITY-ST-ZIP	Virginia Gardens, FL. 33166
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DEL VALLE, MANUEL	22 NAME	Manuel E. Del Valle
STREET ADDRESS	4800 N.W. 4TH ST.	23 STREET ADDRESS	6595 N.W. 36 ST - Suite #320-A
CITY-ST-ZIP	MIAMI FL 33126	24 CITY-ST-ZIP	Virginia Gardens, FL. 33166
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Isabel M. Rebull (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 1/9/95 (Date) (305)871-7448 (Daytime Phone #)

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