

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:59

DOCUMENT # P94000010286 (0)

1. Corporation Name

S & E MEDICAL & DENTAL EQUIPMENT, INC.

Principal Place of Business

1930 KIMBERWICK CIRCLE
OVIDO FL 32765

Mailing Address

1930 KIMBERWICK CIRCLE
OVIDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/09/1984

3a. Date of Last Report

4. FEI Number

593123715

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 ☐

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

HOCHSTADT, BARRY A
1930 KIMBERWICK CIRCLE
OVIDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOCHSTADT, BARRY A
1930 KIMBERWICK CIRCLE
OVIDO FL 32765

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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STREET ADDRESS

CITY - ST - ZIP

1 1 TITLE

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