

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Barthman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>Pulse Medical Equipment Inc</i> <i>16170 NE 11 Ct. N. D. B.</i>			
2. Principal Place of Business <i>16170 NE 11 Ct. N. D. B.</i>		3. Mailing Address <i>16170 NE 11 Ct. N. D. B.</i>	
3. Date Incorporated or Qualified <i>1994</i>		3a. Date of Last Report <i>1994</i>	
4. Principal Place of Business <i>16170 NE 11 Ct</i>		4. Mailing Address <i>16170 NE 11 Ct</i>	
5. Suite, Apt. #, etc. <i>33162</i>		5. Suite, Apt. #, etc. <i>33162</i>	
6. City & State <i>N. D. B.</i>		6. City & State <i>FL</i>	
7. Zip <i>33162</i>		7. Zip <i>33162</i>	
8. Country <i>USA</i>		8. Country <i>USA</i>	
9. Name and Address of Current Registered Agent <i>Amelia Kane</i> <i>804 Urova Park Drive</i>		10. Name and Address of New Registered Agent 10.1 Name 10.2 Street Address (P.O. Box Number is Not Acceptable) 10.3 City 10.4 State 10.5 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 of 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 607.0508, Florida Statutes.			
SIGNATURE <i>[Signature]</i>			
12. OFFICERS AND DIRECTORS 12.1 NAME <i>Susan Hernandez</i> 12.2 STREET ADDRESS <i>16170 NE 11 Ct</i> 12.3 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.4 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.5 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.6 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.7 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.8 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.9 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i> 12.10 CITY-ST-ZIP <i>N. D. B. FLA. 33162</i>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 CITY-ST-ZIP 13.6 CITY-ST-ZIP 13.7 CITY-ST-ZIP 13.8 CITY-ST-ZIP 13.9 CITY-ST-ZIP 13.10 CITY-ST-ZIP 13.11 CITY-ST-ZIP 13.12 CITY-ST-ZIP 13.13 CITY-ST-ZIP 13.14 CITY-ST-ZIP 13.15 CITY-ST-ZIP 13.16 CITY-ST-ZIP 13.17 CITY-ST-ZIP 13.18 CITY-ST-ZIP 13.19 CITY-ST-ZIP 13.20 CITY-ST-ZIP 13.21 CITY-ST-ZIP 13.22 CITY-ST-ZIP 13.23 CITY-ST-ZIP 13.24 CITY-ST-ZIP 13.25 CITY-ST-ZIP 13.26 CITY-ST-ZIP 13.27 CITY-ST-ZIP 13.28 CITY-ST-ZIP 13.29 CITY-ST-ZIP 13.30 CITY-ST-ZIP 13.31 CITY-ST-ZIP 13.32 CITY-ST-ZIP 13.33 CITY-ST-ZIP 13.34 CITY-ST-ZIP 13.35 CITY-ST-ZIP 13.36 CITY-ST-ZIP 13.37 CITY-ST-ZIP 13.38 CITY-ST-ZIP 13.39 CITY-ST-ZIP 13.40 CITY-ST-ZIP 13.41 CITY-ST-ZIP 13.42 CITY-ST-ZIP 13.43 CITY-ST-ZIP 13.44 CITY-ST-ZIP 13.45 CITY-ST-ZIP 13.46 CITY-ST-ZIP 13.47 CITY-ST-ZIP 13.48 CITY-ST-ZIP 13.49 CITY-ST-ZIP 13.50 CITY-ST-ZIP 13.51 CITY-ST-ZIP 13.52 CITY-ST-ZIP 13.53 CITY-ST-ZIP 13.54 CITY-ST-ZIP 13.55 CITY-ST-ZIP 13.56 CITY-ST-ZIP 13.57 CITY-ST-ZIP 13.58 CITY-ST-ZIP 13.59 CITY-ST-ZIP 13.60 CITY-ST-ZIP 13.61 CITY-ST-ZIP 13.62 CITY-ST-ZIP 13.63 CITY-ST-ZIP 13.64 CITY-ST-ZIP 13.65 CITY-ST-ZIP 13.66 CITY-ST-ZIP 13.67 CITY-ST-ZIP 13.68 CITY-ST-ZIP 13.69 CITY-ST-ZIP 13.70 CITY-ST-ZIP 13.71 CITY-ST-ZIP 13.72 CITY-ST-ZIP 13.73 CITY-ST-ZIP 13.74 CITY-ST-ZIP 13.75 CITY-ST-ZIP 13.76 CITY-ST-ZIP 13.77 CITY-ST-ZIP 13.78 CITY-ST-ZIP 13.79 CITY-ST-ZIP 13.80 CITY-ST-ZIP 13.81 CITY-ST-ZIP 13.82 CITY-ST-ZIP 13.83 CITY-ST-ZIP 13.84 CITY-ST-ZIP 13.85 CITY-ST-ZIP 13.86 CITY-ST-ZIP 13.87 CITY-ST-ZIP 13.88 CITY-ST-ZIP 13.89 CITY-ST-ZIP 13.90 CITY-ST-ZIP 13.91 CITY-ST-ZIP 13.92 CITY-ST-ZIP 13.93 CITY-ST-ZIP 13.94 CITY-ST-ZIP 13.95 CITY-ST-ZIP 13.96 CITY-ST-ZIP 13.97 CITY-ST-ZIP 13.98 CITY-ST-ZIP 13.99 CITY-ST-ZIP 13.100 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 or is designated as an individual with an address.			
SIGNATURE: <i>[Signature]</i>			

CP22034 (9/95)