05-01-1997 08:47AM FROM JOEL GALPERN CPA TO 9448232 P.02

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000011179

1. Corporation Name
ProCare Medical Equipment Inc
16170 NE 11 Ct. N.M.B.

Principal Place of Business / Mailing Address
ProCare Med. Eq. Inc.
16170 NE 11 Ct. NMB

3. Date Incorporated or Qualified: 1994
3a. Date of Last Report:

2. Principal Place of Business: 16170 NE 11 Ct
2a. Mailing Address:
Suite, Apt. #, etc.
City & State: N.M.B. / Fla
Zip: 33162 Country:

4. FEI Number: 650467036 — 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

9. Name and Address of Current Registered Agent
Amelia Pere
804 Ariosa Lake Drive

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Susan Hernandez
STREET ADDRESS	16170 NE 11 Ct
CITY-ST-ZIP	N.M.B. Fla. 33162
TITLE	VP
NAME	Jeff Dashefsky
STREET ADDRESS	16170 NE 11 Ct
CITY-ST-ZIP	N.M.B. Fla 33162

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

RW 5-7-97

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***165.00

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] V.P. 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #