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

APPROVED AND FILED
95 MAY 23 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000012610 (9)

1. Corporation Name

JORAME, INC.

Principal Place of Business: 14612 GAINESBOROUGH DR. ORLANDO FL 32826

Mailing Address: 14612 GAINESBOROUGH DR. ORLANDO FL 32826

3. Date Incorporated or Qualified: 02/11/1994

3a. Date of Last Report:

2. Principal Place of Business 21 ; 2a. Mailing Address 26

Suite, Apt. #, etc. 22 ; 27

City & State 23 ; 28

Zip 24 ; Country 25 ; Zip 29 ; Country 30

4. FEI Number: 59-3225493 — 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

GONZALEZ, HECTOR
14612 GAINESBOROUGH DR.
ORLANDO FL 32826

10. Name and Address of New Registered Agent

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 ✓

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, HERBERT
STREET ADDRESS	14612 GAINESBOROUGH DR.
CITY-ST-ZIP	ORLANDO FL 32826
TITLE	STD
NAME	GONZALEZ, ANA
STREET ADDRESS	14612 GAINESBOROUGH DR.
CITY-ST-ZIP	ORLANDO FL 32826
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: ✓ Hector Gonzalez — May 18/95 — (407) 331 8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0064815 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

DOCUMENT # P94000013928 (4)

1.

SOUTHWEST MEDICAL EQUIPMENT & SUPPLIES, INCORPOR
ATED

Principal Place of Business: 819 DEL PRADO BLVD, CAPE CORAL FL 33990

Mailing Address: 819 DEL PRADO BLVD, CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994

3a. Date of Last Report: NA

4. FEI Number: 65 0465040 — [ ] 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. [X] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County: LEE

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County: LEE

9. **Name and Address of Current Registered Agent**

KELLER, BONNIE M
819 DEL PRADO BLVD
CAPE CORAL FL 33990

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	PRESIDENT
NAME	BONNIE M KELLER
STREET ADDRESS	202 SE 5TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33990
TITLE	VICE PRESIDENT
NAME	HENRY VERDECCHIA
STREET ADDRESS	202 SE 5TH AVE
CITY-ST-ZIP	CAPE CORAL FL 33990

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Entry	Change	Addition
TITLE	PRESIDENT	[ ]	[X]
NAME	BONNIE M KELLER		
STREET ADDRESS	202 SE 5TH AVE		
CITY-ST-ZIP	CAPE CORAL FL 33990		
TITLE	VICE PRESIDENT	[ ]	[X]
NAME	HENRY VERDECCHIA		
STREET ADDRESS	202 SE 5TH AVE		
CITY-ST-ZIP	CAPE CORAL FL 33990		

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(1)(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] BONNIE M KELLER PRESIDENT 3/15/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0332118 CP