

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000015018 (2)

1. Corporation Name

RELIABLE MEDICAL EQUIPMENT, INC.



Principal Place of Business

10550 N.W. 77TH COURT
SUITE 224 REAR
HIALEAH GARDENS FL 33016

Mailing Address

10550 N.W. 77TH COURT
SUITE 224 REAR
HIALEAH GARDENS FL 33016

2. Principal Place of Business

21 7760 W 20 AVE

2a. Mailing Address

26 7760 W 20 AVE

Suite, Apt. #, etc.

22 SUITE 15

Suite, Apt. #, etc.

27 SUITE 15

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

Zip Country

24 33016 25 USA

Zip Country

29 33 30 USA

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

~~05-0458310~~ 65-0469310

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$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

10. Name and Address of New Registered Agent

CABRERA, RAUL D
4201 S.W. 11TH STREET
MIAMI FL 33134

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 607.1506, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MATO, ADOLFO
STREET ADDRESS 331 EAST DRIVE
CITY-ST-ZIP MIAMI SPRINGS FL

☐ DELETE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 305-8199751

CR2E034 (12/95)