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**95 APR 18 PM 4:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**

**FLOIDA DEPARTMENT OF STATE  
Sandra B. Mortmann  
Secretary of State  
DIVISION OF CORPORATIONS**



**DOCUMENT # P94000017700 (3)**  
1. Corporation Name  
**WILLIAM MEDICAL EQUIPMENT CORP.**

Principal Place of Business      Mailing Address  
**3146 W. 71ST PL.  
HIALEAH FL 33016**      **3146 W. 71ST PL.  
HIALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>4471 N.W. 36 ST</b>		26 <b>4471 N.W. 36 ST</b>		<b>03/07/1994</b>	<b>03/07/94</b>
22 Suite, Apt. #, etc. <b>213-A</b>		27 Suite, Apt. #, etc. <b>213-A</b>		4. FEI Number	Applied For
23 City & State <b>MIAMI FL</b>		28 City & State <b>MIAMI FL</b>		<b>65-0468719</b>	Not Applicable
24 Zip <b>33166</b>	25 County <b>DADE</b>	29 Zip <b>33166</b>	30 County <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>QUINTANA, GUILLERMO N 3146 W. 71ST PL. HIALEAH FL 33016</b>				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name <b>GUILLERMO H. QUINTANA</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3146 W. 71 ST PLACE</b>	
				83	
				84 City <b>HIALEAH</b>	85 Zip Code <b>33016</b>

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]*      DATE: \_\_\_\_\_  
Signature required to protect name of registered agent and tax if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>GUILLERMO H. QUINTANA</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>3146 W. 71 ST PLACE</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>HIALEAH, FL 33016</b>
TITLE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>VP PABLO A. SOTO</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4471 N.W. 36 ST SUITE 213-A</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>HIALEAH, FL 33016</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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]*      DATE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR