

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01038--007
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000021028 (3)

1. Corporation Name

R & G MEDICAL EQUIPMENT, INC.

Principal Place of Business

2050 CORAL WAY
SUITE 516
MIAMI FL 33145

Mailing Address

2050 CORAL WAY
SUITE 516
MIAMI FL 33145

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Locality

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Locality

4. FEI Number

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

6. This corporation has authority for voluntary tax under
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE LA ROSA, RAUL
2050 CORAL WAY
SUITE 516
MIAMI FL 33145

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

(Signature typed on printed name of registered agent and the corporation)

(Signature typed on printed name of registered agent, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSTD
DE LA ROSA, RAUL N
2050 CORAL WAY, SUITE 516
MIAMI FL 33145

12 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

18 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

19 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

20 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

21 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

22 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

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)(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 it 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

4/26/95

Exhibit Number