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 JUN -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025659

1. Corporation Name

ON-TIME MEDICAL EQUIPMENT RENTALS, INC.

Principal Place of Business	Mailing Address
10550 N.W. 77TH CT. #207 HIALEAH FL 33016	10550 N.W. 77TH CT. #207 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03-31-1994

3a. Date of Last Report:

4. FEI Number: 65-0480903 — 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

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

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

9. Name and Address of Current Registered Agent

DAVID HERNANDEZ
2199 NW 22nd Ave.
MIAMI FL. 33142

10. Name and Address of New Registered Agent

81 Name: DAVID HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable): 2199 NW 22nd Ave

83

84 City: MIAMI FL 85 Zip Code: 33142

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] J-8-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVID HERNANDEZ
STREET ADDRESS	2199 NW 22nd Ave.
CITY, ST, ZIP	Miami, Fl. 33142
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

100001503991
-06/02/95--01005--005
****225.00 ****225.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

LW

14. I do hereby certify that the information supplied with this filing is valid and, furnished and also, not qualify for the exemption of the [illegible] Florida Statutes. Further certify that the information [illegible] 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 or Block 11 as changed, or on an attachment with an address.

SIGNATURE: [signature] J-8-95 (305) 621-0794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0087444 CP