FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028944 (4)

NANCY OXIMETRY, INC.

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



2600 S.W. 17TH ST. MIAMI FL 33145		2600 S.W. 17TH ST. Miami Fl 33145		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 04/14/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0549406	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27			Fee Required	
		City & State	├ ─┐ '		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Countr		Trust Fund Contribution	Added to Fees
24	25	F-1	30	,	This corporation owes or has paid the cu Personal Property Tax due June 30.	ırrent year Intangible ☐ Yes ☐ No
271	g, Name and Address of Curre	11	301	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	
RO	DORIGUEZ, NANCY E		81	Name		
	00 SW 17ST		82	Clea at A de	des (D.O. Des Marches) March	
MIAMI BEACH FL 33139			62	Street Auc	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		
	_			,	FL	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s the abov	e-named cor	rporation submits this statement for the purpose of	of changing its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statute	y me corpora \$.	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			ant signature requ	uired when reinstating) DATE	
12.	D OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	
NAME	RODRIGUEZ, NANCY	_ otter	1.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	2600 SW 17TH STREET		1.2 NAME			
CITY-ST-ZIP	AMALSI CI			ADDRESS		
DILE.	VP VP	☐ DELETE	1.4 City - 8 2.1 Title	51 - ZIF		Change Addition
NAME	B LANCH, IRAIDA R		2.2 NAME			Change Rodifies
STREET ADDRESS	510 NW 33RD AVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MALA E		2. 4 CITY -			
TITLE			3.1 TITLE	VI 211		Change Addition
NAME	GONZALEZ, MARISOL R		3.2 NAME			
STREET ADDRESS	266 NW 64TH AVENUE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP		
TITLE:		☐ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	···		4.4 CITY-S	it - ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	<u> </u>	The state	5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	_		6.4 CITY - S	T-ZIP		

14. I hereby certify that the information supplied with this filing 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 supplimental 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.