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

FILED
95 MAY -1 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030729

1. Corporation Name

PITMAN MEDICAL EQUIPMENT INC

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: APRIL 22, 1994
3a. Date of Last Report: APRIL 22, 1994

4. FEI Number: 65-0486832 ☐ 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		2a. Mailing Address	
21	11300 SW 80 TERR.	26	7120 SW 139 TERR.
22 Suite, Apt. #, etc.	BLDG. 8, SUITE 2B	27 Suite, Apt. #, etc.	N/A
23 City & State	MIAMI, FLORIDA	28 City & State	MIAMI FLORIDA
24 Zip	33173	29 Zip	33158
25 Country	U.S.A.	30 Country	U.S.A.

9. Name and Address of Current Registered Agent

ANN MARIE PITMAN
5220 NW. 72 AVE #29
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: JOHN F O'DONNELL
82 Street Address (P.O. Box Number is Not Acceptable): ~~7720~~ 7420 SW. 139 TERR.
83
84 City: MIAMI FL 85 Zip Code: 33158

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] JOHN F. O'DONNELL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME		12 NAME	JOHN F O'DONNELL
STREET ADDRESS		13 STREET ADDRESS	7720 SW 139 TERR.
CITY-ST-ZIP		14 CITY-ST-ZIP	MIAMI FL 33158
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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] JOHN F O'DONNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #