

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000034761 (4)**

1. Corporation Name

**SOUTH FLORIDA MEDICAL EQUIPMENT AND SUPPLIES, INC.**



Principal Place of Business

Mailing Address

2925 SW 103RD PLACE  
MIAMI FL 33165

2925 SW 103RD PLACE  
MIAMI FL 33165

3. Date Incorporated or Qualified  
**05/06/1994**

3a. Date of Last Report  
**07/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **717 Ponce de Leon Blvd.**

26 **717 Ponce de Leon Blvd.**

4. FET Number  
**65-0468560**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**suite 325**

27 Suite, Apt. #, etc.  
**suite 325**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 City & State  
**Coral Gables**

28 City & State  
**Coral Gables**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip **FL 33134** 25 Country

29 Zip **FL 33134** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TACHER, ISRAEL  
2925 SW 103RD PLACE  
MIAMI FL 33165**

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 or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TACHER, ISRAEL</b>	
STREET ADDRESS	<b>2925 SW 103RD PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TACHER, ILEANA</b>	
STREET ADDRESS	<b>2925 SW 103RD PLACE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/96**

**(305) 529-9200**

CR2E034 (12/95)