

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000042071 (8)**

1. Corporation Name

**MIDWAY MEDICAL EQUIPMENT & SUPPLY, INC.**



Principal Place of Business

1840 W. 49 STREET  
SUITE 220-9  
HIALEAH FL 33012

Mailing Address

1840 W. 49 STREET  
SUITE 220-9  
HIALEAH FL 33012

2. Principal Place of Business

**21**

Suite, Apt. #, etc

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

Zip

**30**

Country

3. Date Incorporated or Qualified

**06/06/1994**

3a. Date of Last Report

**06/05/1995**

4. FEE Number

**65-0488628**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

**GONZALEZ, MANUEL D**  
1840 W. 49 STREET  
SUITE 220-9  
HIALEAH FL 33012

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 607.0602 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 607.0605, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when restate 10.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE
<b>NAME</b>	<b>GONZALEZ, MANUEL D</b>		1.2 NAME
<b>STREET ADDRESS</b>	<b>1840 W. 49 STREET, SUITE 220-9</b>		1.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL 33012</b>		1.4 CITY-ST-ZIP
<b>TITLE</b>		<input type="checkbox"/> DELETE	2.1 TITLE
<b>NAME</b>			2.2 NAME
<b>STREET ADDRESS</b>			2.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>			2.4 CITY-ST-ZIP
<b>TITLE</b>		<input type="checkbox"/> DELETE	3.1 TITLE
<b>NAME</b>			3.2 NAME
<b>STREET ADDRESS</b>			3.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>			3.4 CITY-ST-ZIP
<b>TITLE</b>		<input type="checkbox"/> DELETE	4.1 TITLE
<b>NAME</b>			4.2 NAME
<b>STREET ADDRESS</b>			4.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>			4.4 CITY-ST-ZIP
<b>TITLE</b>		<input type="checkbox"/> DELETE	5.1 TITLE
<b>NAME</b>			5.2 NAME
<b>STREET ADDRESS</b>			5.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>			5.4 CITY-ST-ZIP
<b>TITLE</b>		<input type="checkbox"/> DELETE	6.1 TITLE
<b>NAME</b>			6.2 NAME
<b>STREET ADDRESS</b>			6.3 STREET ADDRESS
<b>CITY-ST-ZIP</b>			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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 unchanged, or on a separate line with an address

**SIGNATURE:**

*Manuel D. Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/96 (305) 819-0816*

Day Month Year

CR2E034 (12/95)