

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # **P94000046386 (6)**

For filing in:

STAR HEALTH CARE EQUIPMENT INC.



695 N.W. 123RD PATH
MIAMI FL 33182
US

695 N.W. 123RD PATH
MIAMI FL 33182

21	22	23	24	25	26	27	28	29	30
2. Principal Office Location					2a. Mailing Address				
21					26				
22					27				
23					28				
24					29				
25					30				

9. Name and Address of Current Registered Agent

GLADYS, FERRER
695 NW 123 PATH
MIAMI FL 33182

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
				FL

3. Date Incorporated For Qualified	3a. Date of Last Report
06/20/1994	06/14/1995
4. Fil Number	Applied For
65-0498271	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 Statute	☐ Yes ☐ No
10. Name and Address of New Registered Agent	

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office, and that the same is true and correct. I am duly authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am

Gladys Ferrer

12.	13.
PD	13.01
FERRER, GLADYS E	13.02
695 N.W. 123RD PATH	13.03
MIAMI FL 33182	13.04
VTD	13.05
CLEMENTE, PEDRO R	13.06
695 N.W. 123RD PATH	13.07
MIAMI FL 33182	13.08
SD	13.09
CLEMENTE, OMAR F	13.10
695 N.W. 123RD PATH	13.11
MIAMI FL 33182	13.12

*Please Delete:
2nd Request.*

14. I hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the same is true and correct. I am duly authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am

SIGNATURE: *Gladys Ferrer*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 (22) 221-8315

CR2E034 (12/95)