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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000057798 (8)					
R & R MEDICAL	EQUIPMENT, INC	•			
Principal Place of Business		Mailing Address		r (Attiction on phile Right Daint Will)	BBIIN BBIBN BIINI IBBII IBBIŞ IBIBI IBIN IBBI
10333 S.W. 6TH ST. Miami FL 33174		10333 S.W. 6TH ST. Miami FL 33174			
				3. Date Incorporated or Qualified 08/04/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Busine	\$5	2a. Mailing Address	··· · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0516551	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
	25	29	30	Florida Statutes X Yes	
9. Name	and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
DODDIOUEZ IODO	NE L AD				
RODRIGUEZ, JORG 10333 S.W. 6TH S			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
MIAMI FL 33174	1.		83		
MINIMI FL 331/4					
			84 City		85 Zip Code
			[]		FL
11. Pursuant to the provisio	ns of Sections 697,0502 a	and 607.1508, Florida Statut		ration submits this statement for the purp	
Pursuant to the provisio or registered agent, or t familiar with, and accep	ns of Sections 667,0502 a both, in the State of Florida t the obligations of, Section	and 607.1508, Florida Statut 3. Such change was authoriz 3. 607.0505, Florida Statutes	les, the above-named corporation's boa	rration submits this statement for the purp ard of directors. I hereby accept the appo	
SIGNATURE 🔀	1	Tunce Luis	les, the above-named corpored by the corporation's boats.	So President	
SIGNATURE Signature, typed o	r printed and tegiste 60 agent an	Trase Luis nd little it appropriate. (NK	les, the above-named corpo red by the corporation's boats. S. Rodar, sea	Sn President od when reinstating)	Dose of changing its registered office intment as registered agent. I am
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Too nereby certify that the information supplied with the first 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 cupplemental 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 conforation 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.

| GNATURE: | SIGNATURE AND TYPED OR PHYSHAME OF SIGNING OFFICER OR DIRECTOR | Date | Dat

SIGNATURE: X SIGNATURE AND TYPED OR BRID