

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000063929**
PROFESSIONAL AID MEDICAL EQUIPMENT, INC.
330 SOUTH DIXIE HWY
LAKE WORTH, FL. 33460

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

| | | | |
|-------------------------------|--|---|--------------------------------------|
| FILING FEE \$200.00 | ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE | 3. Date Incorporated or Qualified 8/30/94 | 3a. Date of Last Report |
| 2. Mailing Address | 2a. Principle Place of Business | 4. FEI Number 65-0519166 | Applied For Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 |
| 22 City & State | 27 City & State | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | 28 Zip | 7. Nonprofit with IRS 501(c)(3) | \$138.75 Supplemental |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under S. 199.032, | Fee Not Required |
| 25 | 30 | Florida Statutes | Yes No |

9. Name and Address of Current Registered Agent

JUAN B. GUTIERREZ
3160 W 79th place
Hialeah FL 33016

| | |
|--|---|
| 81 Name | 10. Name and Address of New Registered Agent |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| FL | |
| 86 Country | |

11. Pursuant to the provisions of Sections 607.0504 and 607.1508 or Sections 617.0502 and 617.1508, 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]* DATE 3/28/96

| | |
|---|---|
| 12. OFFICERS AND DIRECTORS | 13. OFFICERS AND DIRECTORS CHANGES |
| 1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP | 1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP |
| PRESIDENT JUAN B. GUTIERREZ 3160 W 79th PLACE HIALEAH FL 33016 | |
| 2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP | 2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP |
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| 3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP | 3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP |
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| 4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP | 4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP |
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| 5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP | 5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP |
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| 6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP | 6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP |
| | 3000001768843 -04/04/96--01014--006 ***200.00 |

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 for change, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 3/28/96
Print/Type Name of Signing Officer or Director: JUAN B. GUTIERREZ Title: President
Daytime Telephone Number: (305) 821-7487