FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # **P94000064329 (3)**

1. Corporation Name

NEW ADVANCED MEDICAL EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
6555 NW 36TH STREET ~~SUITE 201-W~~ MIAMI FL ~~33144~~	6555 NW 36TH STREET ~~SUITE 201-W~~ MIAMI FL ~~33144~~

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report: 04/24/1995
4. FEI Number: 65-0516617 — Applied For / 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 Statutes: ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6555 NW 36 ST.	26 6555 NW 36ST.
22 Suite, Apt. #, etc: SUITE 210	27 Suite, Apt. #, etc: SUITE 210
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33166 25 Country:	29 Zip: 33166 30 Country:

9. Name and Address of Current Registered Agent

ARIAS, GRISEL
~~6555 NW 36TH~~ ST
~~SUITE 201~~
MIAMI FL ~~33144~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6555 NW 36TH. STREET
83 SUITE 210
84 City: MIAMI FL 85 Zip Code: 33166

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ARIAS, GRISEL 6555 NW 36ST ~~SUITE 201W~~ 210. MIAMI FL 33166	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 6555 NW 36 STREET, SUITE 210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SANTAMARIA, VICTORIA 6555 NW 36TH ST 210. MIAMI FL 33166	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 6555 NW 36 STREET, SUITE 210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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] 6-5-96 (305) 8710490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone Number

CR2E034 (12/95)