FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000070144 (8)

SECURITY MEDICAL EQUIPMENT, INC.

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Principal Pla	ace of Business	Mailing Addre	SS		n sometoms see total danna mutt mutte mis	rk mårna tåmar mårån nrørt mankt årnst for	/81
TERESA MAI 12159 SW - MIAMI FL 33	132ND COURT - STE 203	TERESA MARIA 12159 SW - 13 MIAMI FL 3318	2ND COURT .	STE 203			
					3. Date Incorporated or Qualified 09/23/1994	3a. Date of Last Report 05/02/1996	
2. Principal	Place of Business	2a. Mailing Ad	dress		4. FEI Number	Applied F	For
21		26			65-0521502	Not Appli	
Suite Ap 22	it, #, etc.	Suite, Apt.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & Sta 23	ate	City & Stat	е		Election Campaign Financing Trust Fund Contribution	\$5.00 May B	
Ζiρ	Country	Zip	L	Country	8. This corporation has liability for	intappible tax under s. 199.0)32,
24	25	29	30	0	Florida Statutes	Yes No	
	9. Name and Address of Cu	rrent Registered Agen	t	81 Name	10. Name and Address of New Re	gistered Agent	
	2159 SW - 132ND COURT - ST IAMI FL 33186-6410	E 203		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptat	FL 85 Zip Code	
		.0502 and 607,1508, Fic state of Florida. Such ch bligations of, Section 60	orida Statutes, ange was aut 17.0505, Florid	the above-named co horized by the corpora ia Statutes.	rporation submits this statement for the pation's board of directors. I hereby acce		stered ered
SIGNATURE	Signature, typed or pented name of registers	d agent and tit∻ if applicable	(NOTE: FI	logislared Agent signature req	ulred when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 1:	2
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ A	Addition
NAME	JORGE, TERESA M			1.2 NAME			
STREET ADDRESS	l .	T - STE 203		1.3 STREET ADDRESS			
CITY-SI-ZIP	MIAMI FL 33186-6410	 		1.4 C/TY - ST - Z/P			
TITLE	D		DELETE	2.1 TITLE		Change A	Addition
NAME	, <u> ,</u>			2.2 NAME			
STREET ADDRESS		1 - SIE 203		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33188-6410		DELETE.	2 4 City-St-ZiP		06	A 1.557
TITLE			DELETE	3.1 TITLE		L Change L A	Addition
NAME				3.2 NAME			
STREET ADDRESS	\$			3.3 STREET ADDRESS			
CITY-ST-7/P			Dr. ctr	3.4. CITY - ST - ZIP			N 1 122
THLE		ليا	DELETE	4.1 TITLE		☐ Change ☐ A	Addition

14. I do hereby certify that the information supplied with this filing 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

64 CITY+ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

THILE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CHTY-51-74*

CITY-ST-ZIP

CITY-ST-ZIP

Tears A Mara Jorge 1/10/97

DELETE

DELETE

FILED

Apr 01 1997 8:00am

Secretary of State

Change

☐ Change

☐ Addition

Addition