

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90090 044 ***150.00

DOCUMENT # P94000070144

1. Corporation Name

SECURITY MEDICAL EQUIPMENT, INC.

Principal Place of Business

8740 N. KENDALL DRIVE.. STE 109
MIAMI FL 33176

Mailing Address

8740 N. KENDALL DRIVE.. STE 109
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

65-0521502

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JORGE, TERESA M
12159 SW - 132ND COURT - STE 203
MIAMI FL 33186-6410

10. Name and Address of New Registered Agent

81 Name

TERESA M. AYALA

82 Street Address (P.O. Box Number is Not Acceptable)

8740 N. KENDALL DRIVE - STE 109

83

84 City

MIAMI,

FL

85 Zip Code
33176

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME JORGE, TERESA M
STREET ADDRESS 12159 SW - 132ND COURT - STE 203
CITY-ST-ZIP MIAMI FL 33186-6410

TITLE D ☒ DELETE
NAME ~~AYALA, DANIEL~~
STREET ADDRESS ~~12159 SW - 132ND COURT - STE 203~~
CITY-ST-ZIP ~~MIAMI FL 33186-6410~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME AYALA, TERESA M
1.3 STREET ADDRESS 8740 N. KENDALL DRIVE - STE 109
1.4 CITY-ST-ZIP MIAMI, FL 33176

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1999 (305) 595-1218

Date

Daytime Phone #

CR2E034 (11/98)