

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # P94000074509(8)
1. Corporation Name
ATLANTIC MEDICAL EQUIPMENT, INC.

Principal Place of Business Mailing Address
16359 NW 57th AVE 16359 NW 57th AVE
Miami FLA 33014 Miami FLA 33014
US

2. Principal Place of Business 21 16359 NW 57th AVE Suite, Apt. #, etc.	2a. Mailing Address 26 16359 NW 57th AVE Suite, Apt. #, etc.
22 City & State Miami FLA	27 City & State Miami FLA
23 Zip 33014	28 Country

3. Date Incorporated or Qualified 10/11/94	3a. Date of Last Report 4/29/96
4. FEI Number 065-0526701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Antoo, Biscam
5190 N.W. 167th Street
Suite 114
Miami FLA 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

1. NAME Antoo, Biscam	<input type="checkbox"/> DELETE
2. STREET ADDRESS 5190 N.W. 167th Street	
3. CITY-STATE-ZIP Miami FLA 33014	
4. TITLE	<input type="checkbox"/> DELETE
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	<input type="checkbox"/> DELETE
8. TITLE	
9. NAME	
10. STREET ADDRESS	
11. CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12. TITLE	
13. NAME	
14. STREET ADDRESS	
15. CITY-STATE-ZIP	<input type="checkbox"/> DELETE
16. TITLE	
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	<input type="checkbox"/> DELETE
20. TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

500002123455
-03/25/97--01042--048
***165.00

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 a 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 or in an attachment with an address.

SIGNATURE: Biscam Antoo 3/4/97 305/620-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)