FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAY -1 PM 2:03

DOCUMENT # P94000077197 (9)

1. Corporate Name

V M MEDICAL EQUIPMENT, INC.

Principal Place of Business: 1421 S.W. 8TH STREET, SUITE 203, MIAMI FL 33135

Mailing Address: 1421 S.W. 8TH STREET, SUITE 203, MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1994

3a. Date of Last Report:

4. FEI Number: 65-05-35964 — Applied For / Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. # etc. (22) — Suite, Apt. # etc. (27)

City & State (23) — City & State (28)

Zip (24) — Country (25) — Zip (29) — Country (30)

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

9. Name and Address of Current Registered Agent

MARTINEZ, VICTOR I
671 S.W. 7TH STREET, #2
MIAMI FL 33130

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:

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	VICTOR I. MARTINEZ
STREET ADDRESS	671 SW 7th ST #2
CITY-ST-ZIP	MIAMI FL 33130

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

REMITTED BY MAY 1

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)(k), 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: X [signature] PRES 2/28/95 305 858 2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0141062 CP