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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086833

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90035 010 ***150.00

DADE CARE MEDICAL EQUIPMENT, INC.					A LOBELDON HAS ENGLI STOLL STAIN ASHI ASHI ASHI	6181 1811B 61181 1818B	NI ss ioi i es i
ميت سينسب	<u> </u>						
Principal Place	of Punings	Mailing Address			f inbrider lin tollt einer naste entil april a	AIRI MINA AIRDI IPISA	111 40 1111 1441
	e of Business	8500 SW 8ST			·		
8500 SW 8 ST 8500 SW 851 #264					DO NOT WEST IN	UIO ODACE	•
MIAMI FL 33144 MIA		MIAMI FL 33144	MIAMI FL 33144		DO NOT WRITE IN THIS SPACE		
us US				3. Date incorporated or Qualifed			
		<u> </u>			11/30/1994	I An	plied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0537468		t Applicable
21		26	C. Ha Aak # oto		03-0337400	. \$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ · · · ·		5. Certificate of Status Desired Fee Required		
22		City & State			6. Election Campaign Financing	\$5.00	May Be
City & Stat	e	— ´			Trust Fund Contribution	Added 1	
23	Country	Zip	Cour	ntry	8. This corporation owes the current year	r Intangible	
Zip			30	•	Personal Property Tax.	☐ Yes	□No
24	9. Name and Address of Curre		55 1		10. Name and Address of New Registe	red Agent	
		7, 12,		81 Name			
GAF	ICIA, ALEXEI	·	- 1	93 Street Add	ress (P.O. Box Number is Not Acceptable)		
8500 SW 8 ST				82 Street Add	1 . O. DON (1401) 10 (1401) 1000pt0000)	5,44,54 <u>9 25 146 9</u>	
	TE 264		ļ	83		BV61 + 2 1 4 4 + 2 + 1 8 1	. 斯尼爾特斯 8 5 5 4 5 5 4
MIAIMI FL 33144			1	-		85 Zip	
				84 City	poration submits this statement for the purposion's board of directors. I hereby accept the a	⊨LI∵i	
12.	Signature, typed or printed name of registered ago OFFICERS A	ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 12
TITLE	PSTD	☐ DELETE	1.1 TIT	TLE.		. Criange	
NAME	GARCIA, ALEXEI		1.2 NA				
STREET ADDRESS		,		REET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33144			TY-ST-ZIP	14		
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NAME						Change	☐ Addition
STREET ADDRESS			2.2 NA		,	☐ Change	☐ Addition
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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 effective extraction and address, with all other like empowered.

SIGNATURE: