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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:39

DOCUMENT # P94000088842 (7)

1. Corporation Name
PRIORITY MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
399 SE 61ST CT OCALA FL 34472	399 SE 61ST CT OCALA FL 34472

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1835 SW College Rd
22 Suite, Apt. #, etc.: C
23 City & State: Ocala, Fla.
24 Zip: 34474
25 Country: United States

2a. Mailing Address
26: 1835 SW College Rd
27 Suite, Apt. #, etc.: C
28 City & State: Ocala, FL.
29 Zip: 34474
30 Country: United States

4. FEI Number: 59-3279537 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HOWARD, DEBORAH E
3681 SE 25TH AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: Howard, Deborah E
82 Street Address (P.O. Box Number is Not Acceptable): 1321 NE 23 ST
83
84 City: Ocala FL 85 Zip Code: 34470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	HOWARD, DEBORAH E	1.2 NAME	Howard, Deborah E.
STREET ADDRESS	3681 SE 25TH AVE	1.3 STREET ADDRESS	1321 NE 23 ST
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala, FL. 34470
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	HOWARD, DAVID E	2.2 NAME	Howard, David E.
STREET ADDRESS	3681 SE 25TH AVE	2.3 STREET ADDRESS	1321 NE 23 ST
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Ocala, FL. 34470
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, CHARLES A	3.2 NAME	
STREET ADDRESS	399 SE 61ST CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, BEVERLY K	4.2 NAME	
STREET ADDRESS	399 SE 61ST CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ DAVID E. Howard 1/18/95 904-629-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382948 CP