## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

|  | 996  | CO MILES  | DIVISION OF C                                      |   |  |   |                         |                                     |  |  |
|--|--|---|--|---|--|---|-------------------------|-------------------------------------|--|--|
| DOCUM<br>1. Corporation N  | MENT # P94   | 0000921   | 14 (5)   |   |  |   |                         |                                     |  |  |
|  | HEALTH EQUIPMENT   | SERVICES, INC.  |  |   |  |   |                         |                                     |  |  |
| Principal Place of Business Mailing Address  |  |   |  |   |  |   | EB                      |                                     |  |  |
| 927 N W JENSEN BEACH BLVD<br>JENSEN BEACH FL 34957   |  | JENSEN I  | 927 N E JENSEN BEACH BLVD<br>JENSEN BEACH FL 34957 |   |  |   |                         |                                     |  |  |
| US   |  | U\$   |  |   |  | 3. Date Incorporated or Qualified 12/21/1994  | 3a. Date o              | of Last Re<br>01/199                |  |  |
| 2. Principal Plac  | ce of Business   | 2a. Mailing   | Address  |   |  | 4. FEI Number   |                         |                                     | pplied For                                       |  |
| 1  |  | 26  |  |   |  | 65-0532625  |                         |                                     | ot Applicable                                    |  |
| Suite, Apt. #,   | , etc.   | Suite, A  | pt. #, etc.  |   |  | 5. Certificate of Status Desired  |                         |                                     | Additional<br>equired                            |  |
| City & State   |  |   | City & State                                       |   |  | 6. Election Campaign Financing  |                         | \$5.00 May Be                       |  |  |
| :3   |  | 28  |  |   |  | Trust Fund Contribution   |                         |                                     | to Fees  |  |
| Zip  | Country  | Zip   |  | Country<br>30   |  | 8. This corporation has liability for Florida Statutes  | nitangiole tax<br>s ∐No | ungers                              | 189.032,   |  |
| 14   | 25<br>9. Name and Address of   | 29 Current Registered A   | gent   | [30]  |  | 10. Name and Address of New   |                         | gent                                |  |  |
|  |  |   | E  | 81  | Name   |   |                         |                                     |  |  |
| AMERILAWYER  |  | •   |  |   | Street Add   | dress (P.O. Box Number is Not Acceptable)   |                         |                                     |  |  |
|  | ERIA AVE.  |   |  | 83  |  |   |                         |                                     | ·  |  |
| CORAL  | SABLES FL 33134  | •   |  |   |  |   |                         | <b>85</b> Zip                       | Code   |  |
|  |  |   |  | 84 City   |  |   | FL                      |                                     |  |  |
| or registere   | ad agent, or both, in the State  | e of Florida. Such change   | rwas authorized                                    | s, the above-i<br>d by the corp   | named corpo<br>poration's boa  | ration submits this statement for the part of directors. I hereby accept the ap                                   | pointment as r          | egistered                           | agent. I am                                      |  |
| or registere<br>familiar with<br>SIGNATURE   | od agent, or both, in the State<br>h, and accept the obligations<br>Sgnature, typed or printed name of regis   | of Florida, Such change of, Section 607,0505, Fa  | rwas authorizer<br>orida Statutes                  | a by the corp<br>E. Registereo Age  | ocation's boa  | ird of directors, it neverly accept the ap  | DATE                    | egistered                           | agent. ram                                       |  |
| or registere familiar with SIGNATURE   | od agent, or both, in the State<br>h, and accept the obligations<br>Sgnature, typed or printed name of regis   | of Florida, Such chango<br>of, Section 607.0505, Fil<br>detect agent and title if applicable<br>ERS AND DIRECTORS                       | was authorized orida Statutes                      | E Registereo Age  | ocation's boa  | ird of directors, i hereby accept the ap  | DATE<br>FICERS AND      | DIRECTO                             | RS IN 12   |  |
| or registere familiar with SIGNATURE 5   | ad agent, or both, in the State h, and accept the obligations  Signature, typed or printed nears of regis  OFFICI  P                                     | of Florida, Such chango<br>of, Section 607.0505, Fil<br>detect agent and title if applicable<br>ERS AND DIRECTORS                       | rwas authorizer<br>orida Statutes                  | E Registereo Age  13.  1.1 TITLE  | nt signature require   | ird of directors, it neverly accept the ap  | DATE<br>FICERS AND      | egistered                           | agent. ram                                       |  |
| or registere familiar with SIGNATURE | ad agent, or both, in the State h, and accept the obligations  Signature, typed or printed nears of regis  OFFICI  P  HOPEK, MARTIN J                    | of Florida, Such change<br>of, Section 607,0505, Fi<br>ferud agent and title diapplicable<br>ERS AND DIRECTORS                          | was authorized orida Statutes                      | E Registeree Age  13. 1.1 HILE 12 NAME  | nt signature require   | ird of directors, it neverly accept the ap  | DATE<br>FICERS AND      | DIRECTO                             | RS IN 12   |  |
| or registere familiar with SIGNATURE  12.  1/ILE  NAME  STREET ADDRESS   | ad agent, or both, in the State h, and accept the obligations  Signature, typed or printed nears of regis  OFFICI  P  HOPEK, MARTIN J  1927 NE SAN CARLO | of Florida, Such change<br>of, Section 607,0505, Fi<br>level agent and file of applicable<br>ERS AND DIRECTORS                          | was authorized orida Statutes                      | E Registered Ages  13. 1.1 TILE 12 NAME 1.3 STREE   | nt signature require   | ird of directors, it neverly accept the ap  | DATE<br>FICERS AND      | DIRECTO                             | RS IN 12   |  |
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