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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name	DOCUMENT #
CHAN MEDICAL EQUIPMENT, INC.	P94000092329

Mailing Address	Principal Place of Business

If above addresses are incorrect in any way, write through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 2742 S.W. 8 ST.	26 2742 S.W. 8 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 4A	27 SUITE 4A
City & State	City & State
23 MIAMI, FL.	28 MIAMI, FL.
Zip / Country	Zip / Country
24 33135 / 25	29 33135 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/94	

4. FEI Number	Applied For / Not Applicable
65-0542159	

5. Certificate of Status Desired — $8.75 Additional Fee Required — [X]

6. Election Campaign Financing Trust Fund Contribution — [ ] $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee — [ ]

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes — [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORLANDO LEON 1254 S.W. 2 ST. MIAMI, FL. 33135	81 Name: VILMA LLERENA 82 Street Address (P.O. Box Number is Not Acceptable) 83: 244 S.W. 22 Rd. APT. 2 84 City: MIAMI FL 85 Zip Code: 33159

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Vilma Llerena (Registered Agent Accepting Appointment; NOTE: Registered Agent signature required when reinstating) DATE: 5/18/95

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P VILMA LLERENA 244 S.W. 22 Rd APT. 2 MIAMI, FL. 33159
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V MAGALY POOT 12361 N.W. 8 ST. MIAMI, FL. 33182
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S CARMEN LUIS-STEEGERS 5445 Collins AVE. # 830 MIAMI BEACH, FL. 33140
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	600001521236 06/22/95--01004--001 ****233.75 ****233.75
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vilma Llerena — 5/18/95 — (305)649-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #