

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092601 (1)

1. Corporation Name

MOUNT SION MEDICAL EQUIPMENT, INC.

Principal Place of Business

1893 NE 164TH ST SUITE A
NORTH MIAMI BEACH FL 33162

Mailing Address

1893 NE 164TH ST SUITE A
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FONSECA, MANUEL
1893 NE 164TH ST SUITE A
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

08/16/1995

4. FEI Number

65-0542157

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

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

Manuel Fonseca

Registered Agent -

6/4/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME FONSECA, MANUEL
STREET ADDRESS 1893 NE 164TH ST SUITE A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ DELETE

TITLE V
NAME FONSECA, ELENA
STREET ADDRESS 1893 NE 164TH ST SUITE A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ DELETE

TITLE ST
NAME POTTER, LUCIELA K
STREET ADDRESS 1300 NE MIAMI GARDENS DR APT 1008E
CITY-ST-ZIP N MIAMI BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

7. TITLE

72. NAME

73. STREET ADDRESS

74. 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 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:

Manuel Fonseca President - 6/4/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)