

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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

Mailing Address

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

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

FILED  
May 09 1997 8:00am  
Secretary of State



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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 108 A  
23 City & State

26 Suite, Apt. #, etc.  
27 108 A  
28 City & State

24 Zip  
25 Country

29 Zip  
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 # 108 A

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PVST  
1.2 NAME MANUEL FONSECA  
1.3 STREET ADDRESS 1893 N.E. 164 ST. #108A  
1.4 CITY - ST - ZIP N. Miami Beach, FL 33162

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 617, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (3/96)

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-05/21/97--01003--048  
\*\*\*165.00