FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Sep 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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 108 A
NORTH MIAMI BEACH FL 33162

Mailing Address
1893 NE 164TH ST SUITE 108 A
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12585 N.W. 7 Ave.
Suite, Apt. #, etc.
22
City & State
23 N. Miami, FL
Zip 24 33168 Country 25 US

2a. Mailing Address
26 12585 N.W. 7 Ave.
Suite, Apt. #, etc.
27
City & State
28 N. Miami, FL
Zip 29 33168 Country 30 US

3. Date Incorporated or Qualified
12/23/1994

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 owes or has paid the current year intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**
FONSECA, MANUEL
1893 NE 164TH ST SUITE 108 A
NORTH MIAMI BEACH FL 33162

10. **Name and Address of New Registered Agent**
81 Name Manuel Fonseca
82 Street Address (P.O. Box Number is Not Acceptable) 12585 NW 7 Ave
83
84 City N. miami FL 85 Zip Code 33168

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 x Manuel Fonseca Registered Agent-Manuel Fonseca
Signature, Type or Print 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	PSTV	1.1 TITLE PSTV	☑ Change ☐ Addition
NAME	FONSECA, MANUEL	1.2 NAME Fonseca, manuel	
STREET ADDRESS	1893 NE. 164TH ST, SUITE 108 A	1.3 STREET ADDRESS 12585 N.W. 7 Ave.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP N. miami, FL 33168	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME 000000265463901	
STREET ADDRESS		4.3 STREET ADDRESS -03/23/98--01015--040	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ***400.00	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME 000000265463901	
STREET ADDRESS		5.3 STREET ADDRESS -03/23/98--01015--041	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ***150.00	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

9.21

14. I hereby certify that the information supplied with this filing 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: x Manuel Fonseca President-Manuel Fonseca

CR2E034 (10/97)