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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # P95000004152

1. Corporation Name
ALAMEDA MEDICAL EQUIPMENT, CORP.

[redacted]

Principal Place of Business
285 N.W. 27th Ave, #10
MIAMI, FL. 33125

Mailing Address
285 N.W. 27th Ave, #10
MIAMI, FL. 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/17/95

2. Principal Place of Business
21 2151 Le Jeune Rd

2a. Mailing Address
26 2151 Le Jeune Rd

4. FEI Number 65-0547227 — Applied For / Not Applicable

Suite, Apt. #, etc.
22 Mezz

Suite, Apt. #, etc.
27 Mezz

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State
23 Coral Gables, Fl.

City & State
28 Coral Gables, Fl

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

Zip 24 33134 Country 25

Zip 29 33134 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
RUIZ, MARLEN
6417 S.W. 15th Street
MIAMI, FL. 33144

10. Name and Address of New Registered Agent
81 Name J. EVERETT WILSON
82 Street Address (P.O. Box Number is Not Acceptable) WILSON & SUMER
83 2151 Le Jeune Rd, Mezz
84 City Coral Gables FL 85 Zip Code 33134

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 J. EVERETT WILSON 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	RUIZ, MARLEN
STREET ADDRESS	6417 S.W. 15th Street
CITY-ST-ZIP	MIAMI, FL. 33144
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD ☑ Change ☐ Addition
1.2 NAME	FRANCISCO FERNANDEZ
1.3 STREET ADDRESS	C/O WILSON & SUMER
1.4 CITY-ST-ZIP	2151 Le Jeune Rd, Mezz, Coral Gables, Fl.
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****150.00

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: SIGNATURE REQUIRED FRANCISCO FERNANDEZ, DIRECTOR 4/30/98 (305) 446-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0177819