PROFIT CORPORATION ANNUAL REPORT

1999

.



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500008506  1. Corporation Name P & M MEDICAL EQUIPMENT & SUPPLY, INC.										
Principal Place	e of Business	Mailing Address	-		}		**** ***** ****			
11180 W. FLAG	LER STREET			İ						
MIAMI FL 33174 MIAMI FL 33182					[	DO NOT WE	ITE IN THIS	ODACE.		
US		US			2 Date Inco	porated or Qualifed		SPACE		7
					02/01/1	995		<del>-</del>		
2. Principal P	face of Business	2a. Mailing Address			4, FEI Numi			<del></del>	plied For-	4
21		26			65-055	2042			t Applicable	-
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate	of Status Desired		\$8.75 A		-
22		[27]							<del>`                                    </del>	┨
. City & Stat	9	City & State		·		Campaign Financing		\$5.00 1 bebbA		L
23		28	Country		<del></del>				0 1003	1
Zip	Country	<b>—</b>	Couring			oration owes the cu Property Tax.	rrent year int		□No	
24	9. Name and Address of Current					d Address of New	Registered			1
<del> </del>	9. Name and Address of Correll	Registered Agent	B1 N	lame	10			<u> </u>		1
RUS	SO, BARBARA									┨
1331	O N.W. 8TH STREET	82 S	itreet Addre	ess (P.O. Box N	umber is Not Accep	table)			l	
MAA	/ii FL 33182		83							1
[								T-1 = 2		1
			84 C	ity			FL	85 Zip (	Code	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authorities of, Section 607.0505, Florida 3	Statutes.	corporation	n a board of dire	his statement for the ectors. I hereby acco	rpr ure appor	changing its ntment as re	registered gistered	
0,0,0,0,0	Signature, typed or printed name of registered agent			nature required	when reinstaling)		DATE		50 11 42	1 8
12	OFFICERS ANI		13.			S/CHANGES TO O	FICERS AN	☐ Change	Addition	1 3
TILE	PD DATE TOOK		1.1 TITLE	1.	<b>* * .</b>		_			
NAME	DIAZ, JOSE	L.	1.2 NAME		プラベルチ	محناده	4.5			\
STREET ADDRESS	1368 N.W. 35TH STREET		1.3 STREET ADD	1.5	BIO NI	v. 8+ W.	24.			13
CITY-ST-ZIP	MIAMI.FL.33142.		1.4 CITY - ST - ZIP 2.1 TITLE	<del>'</del>	helent -	-L. 331	42-	Change	Addition	1 6
MLE	VP ANTHONY				• • •				_	l
NAME	RUSSO, ANTHONY	1	22 NAME							ļ
STREET ADDRESS	13310 N.W. 8TH STREET	E .	23 STREET ADD	l l	=					1
CITY-ST-ZIP	MIAMI FL 33182		2.4 CITY-ST-ZIP					Change	☐ Addition	1
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CITY-ST-ZIP			1.1 TITLE	<del></del>				Change	Addition	1
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!			4 CITY-ST-ZIP							1
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TITLE		□ DELETE (	) TITLE					Change	☐ Addition	1
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1			1 270007 400	YOU'S						I

64 CTY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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J. Murin	1.			

May 06, 1999 8:00 am Secretary of State

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