## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

6595 NW 36 CT

MIAMI FL 33166-6967

#310

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

Lam an officer or director of the collappears in Block 12 or Block 13 if g

SIGNATURE:

6595 NW 36 CT

MIAMI FL 33166

#310



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000019104 (5)

PRIORITY CARE MEDICAL EQUIPMENT CORP.

US US		US			te of Last Report 10/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26	26		65-0568100	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			J. Bollmone of oldino positor	Fee Required
City & State	City & State	ate		6. Election Campaign Financing	<b>\$5.00</b> May Be	
23		28	T		Trust Fund Contribution	Added to Fees
Zip	Country	have a second		8. This corporation has liability for intangible tax under s. 199.032,		
			30		Florida Statutes Yes No  10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Hegisterea Agent		81 Name	10, Name and Address of New Negistered A	tyent .
OMAR CLEMENTE						
6595 NW 36ST,			Ī	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 310			1	83		
MIAMI FL 33166				63		
			ľ	84 City	<b>7-1</b>	85 Zip Code
					FL	ahaasias ita saajatasad
office or r	assetored enert or both in the Stat	e of Florida. Such change was .	authorized	i by the corpor	propration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as registered
agent 1 a	m familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Stati	ites.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE						
	Signature, typed or product name of registered as	gent and for it applicable (NOT ND DIRECTORS	E: Registered	Agent signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	PVST	DELETÉ	1.1 7)1	16	ADDITIONS/CHANGES TO OTT IDEAS AND	Change Addition
TITLE		□ виси				
NAME	CLEMENTE, OMAR		1.2 NA			
STREET ADDRESS	ss 6595 NE 36ST ST, SUITE 310 MIAMI FL		1	REET ADDRESS		
CHTY - S1 - ZIF		DELETE		Y-ST-ZIP		Change Addition
TITLE	D CHENTE ONAD		2 1 TH 2 2 NA			CT orongo CT vancour
NAME	CLEMENTE, OMAR ODERS 6595 NW 36ST ST, SUITE 310			·		
STREET ADDRESS	ANALA PI			reet address		
CITY - S1 - ZiP	MIAMI FL	DELETE		TY-ST-ZIP		Change Addition
₹I]LE	L_3 Utitit		3.1 7(1	1	•	El cumão El resulon
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
City - ST - ZiP		DELETE	3.4. CI 4.1 Til	TY-ST-ZIP		Change Addition
TITLE		Ŭ DE€E1E				C) outride C ratinos
NAME			4. 2 N	-		
STREET ADDRESS			1	REET ADDRESS		
CHY-ST-ZIP		DELETE	4.4 UI 5.1 TII	TY-ST-ZIP		Change Addition
THEF		L. Otter		ì	•	
NAME			5.2 NA			
STREET ADORESS				REET ADDRESS		
CITY-ST-ZIF		DELETE	6.1 TI	TY-ST-ZIP		Change Addition
TALE		E DECETE	6.1 N	i		man accorda FT ( Maritial)
NAME				1		
STREET ADDRESS			1	REET ADDRESS		
CITY-SI-7IP	1		64 CI	IY-SI-ZIP	ted in Contine 110 07(2)(i) Florida Statutes I furthe	y cartifu that the
14, 1 do here information Lam an c	on indicated on this arrival report of the cornection of the cornection of the cornection of the cornections.	reu wijn triis filing doos not qua r supplemental annual report is At the receiver or trates empo	iny for the true and a wered to e	exemption state accurate and the execute this rer	ted in Section 119.07(3)(i), Florida Statutes. I furthe hat my signature shall have the same legal effect a port as required by Chapter 607, Florida Statute#. a	s if made under oath; tha and that my name