FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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1. Corporation	MENT # P950	00020229 (7)			
CLAS	S MEDICAL EQUIPMENT,	INC.			hàile Galle Mainh ar ann	
Principal Place	e of Business	Mailing Address				1 MB
930 E. HIALEAH DRIVE SUITE 15-A HALEAH FL 33010		930 E. HIALEAH DRIVE SUITE 15-A HIALEAH FL 33010				
		·		3. Date Incorporated or Qualified 03/10/1995	3a. Date of	Last Report
Principal Pla	ace of Business A East 9St.	2a. Mailing Address 26 1830 1	w 9st.	4. FEI Number 65-0564-	1089	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	——————————————————————————————————————			\$8.75 Additional
		27		5. Certificate of Status Desired		Fee Required
City & State 】んに	leah FlA	28 Mi Ami	Ha	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax u	
331	25 (-X) (LQ)	29 <u>33125</u>	30 000		s 🗌 No	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New	Registered Age	ent
GONZA	ALEZ, RAQUEL					
	IW 9TH STREET		82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
	FL 33125		83			
			84 City		~Т	35 Zip Code
		- / \				1 '
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Fo	urida. Such change was authorize	sa, the above harried corpor	anon submits this statement for the pu	rpose of charigi	ng its registered offic
familiar wit	th, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	ed by the corporation's boar	or prectors. Thereby accept the app	oontment as reg	pistereo agent. I am
IGNATURE	in, and accept the obligations of, Sci	Chon 607.0505, Honda Statutes	•			ustereo agent. I am
GNATURE:	Signature, typed or printed name of registered ago	Chon 607.0505, Honda Statutes	ED by the corporation's boar 11. Registered April signature in price. 13.		DA1E	
GNATURE	Sgriature, typed or printed name of registered ago OFFICERS AI	material test applicable (NS) ND DIRECTORS	H. Bogistewed Agent signature on pure	il veleçir vi iştereyi	DAYE FICERS AND DIR	
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