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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000027436 (1)

CONTINENTAL MEDICAL EQUIPMENT & SUPPLIES, INC.								
Principal Place	of Business	Mailing Address					9 14	
8338 S.W. 8TH STREET MIAMI FL 33144		8338 S.W. 8TH STREET MIAMI FL 33144						
					3. Date Incorporated or Qualified 04/06/1995	3a . Da	ate of Last Report	
2, Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
Suite, Apt. :	#. etc.	Suite, Apt. #, etc			C2-0230402		Not Applicable	
22		27			5. Certificate of Status Desired	\bowtie	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip 24	Country Zip 25 29		Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistere	d Agent	
	00 1110111		81	Name				
	DO, MAGALY		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	W. 8TH STREET FL 33144		83					
MIPONI F	L 33144							
			84	City			85 Zip Code	
familiar wit	ed agent, or both, in the State of Fl th, and accept the obligations of, Se Signature, typed or put led hause of rigisters a 2,	onida Sush change was authori ection 607.0505, Florida Statute	zea uv ine con	ooration's boa	ration submits this statement for the pured of directors. Thereby accept the appx	ointment a	hanging its registered office as registered agent. I am	
12.		AND DIRECTORS	13.	TA SOJINALIAN PROPERTY	ADDITIONS/CHANGES TO OFF	CERS AN	JD DIRECTORS IN 12	
TITLE	D DELETE		1. 1 TIFLE				Change Addition	
NAME	MACHADO, MAGALY		1.2 NAME					
STREET ADDRESS 8338 S.W. 8TH STREET			1.3 \$1 REET ADDRESS					
CITY - ST - ZIP	MIAMI FL 33144	······································	1.4 CITY -	S1 - 2)P				
TITLE		DELETE	2 1 IIILE				Change Addition	
NAME			2.2 NAMÉ					
STREET ADDRESS			2351HF1	1 ADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE	2.4 CITY - :	S*- ZIP				
NAME		L. Decene	3 1 TIFLE 32 NAME				Change Addition	
STREET ADDRESS				T ADDRESS (
CITY-ST-ZIP			34 CHY-					
TITLE		☐ DELETE	4 1 TIFLE				Change Addition	
NAME			4.2 NAME					
STREET ADDRESS				F ADDRESS			•	
CITY ST-ZIP			4.4.0119 - 5	ST - ZIF				
TITLE	DELETE		5 1 TILLE	1	Change Addition			
NAME			5.2 NAME				i	
STREET ADDRESS			53 STREE	1 ADORESS				
CITY-ST-ZIP		E) be ere	5.4 CI*Y-S	S1 · ZIP			7-144	
TITLE		DELETE	6 1 TITLE				Change Addition	
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET	i				
CITY-ST-ZIP			64 CHY-9	51 - 21P				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 comporation 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.

THE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 19 1 1 19 CHANGO 4-23-96 305-200-0063