

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90225 017 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000034038**

1. Corporation Name  
**R.F. MEDICAL EQUIPMENT, INC.**

Principal Place of Business  
**2455 WEST FLAGLER ST.**  
**SUITE 4**  
**MIAMI FL 33135**

Mailing Address  
**2455 WEST FLAGLER ST.**  
**SUITE 4**  
**MIAMI FL 33135**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/02/1995</b>		4. FEI Number <b>65-0579249</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required <b>\$8.75</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. May Be Added to Fees <b>\$5.00</b>	
9. Name and Address of Current Registered Agent <b>SANCHEZ, ROBERTO</b> <b>409 S.E. 6TH ST</b> <b>HIALEAH FL 33010</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code					

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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
NAME		SANCHEZ, ROBERTO		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		409 S.E. 6TH ST.		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		HIALEAH FL 33010		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
STREET ADDRESS											
CITY-ST-ZIP											
TITLE		<input type="checkbox"/> DELETE									
NAME											
STREET ADDRESS											
CITY-ST-ZIP											
TITLE		<input type="checkbox"/> DELETE									
NAME											
STREET ADDRESS											
CITY-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: Roberto Sanchez** **ROBERTO SANCHEZ** **5/1/99** **(305) 643-1153**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)