FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 14 1996 8:00 am
Secretary of State

DOCUMENT # **P95000039950 (7)**

1. Corporation Name

LIMA MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
101 S.W. 51ST AVE. MIAMI FL 33134	101 S.W. 51ST AVE. MIAMI FL 33134

3. Date Incorporated or Qualified: 05/19/1995
3a. Date of Last Report:

2. Principal Place of Business
21 272 W. 34 ST
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL
24 Zip: 33012
25 Country: DADE

2a. Mailing Address
26 272 W. 34 ST
27 Suite, Apt. #, etc.
28 City & State: HIACEAH, FL
29 Zip: 330(2
30 Country: DADE

4. FEI Number: 65-0586679 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIMA, MIRIAM
101 S.W. 51ST AVE.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: OSCAR HUGUES
82 Street Address (P.O. Box Number is Not Acceptable): 272 W. 34 STREET
83
84 City: HIALEAH **FL** 85 Zip Code: 33012

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: X Oscar Hugues, Registered Agent DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☒ DELETE	1.1 TITLE	P,V,S,T	☐ Change ☒ Addition
NAME	LIMA, MIRIAM		1.2 NAME	OSCAR HUGUES	
STREET ADDRESS	101 S.W. 51ST AVE.		1.3 STREET ADDRESS	272 W. 34 STREET	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	HIACEAH, FL 330(2	
TITLE	VS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIMA, RAUL		2.2 NAME		
STREET ADDRESS	101 S.W. 51ST AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. 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)(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.

SIGNATURE: X Oscar Hugues, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #