

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047488 (8)

1. Corporation Name

L & G MEDICAL EQUIPMENT, INC.



Principal Place of Business

4315 S.W. 98TH CT.
MIAMI FL 33165

Mailing Address

4315 S.W. 98TH CT.
MIAMI FL 33165

2. Principal Place of Business

2a. Mailing Address

21 L & G Medical Equipment

26 11401 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 316

City & State

28 Miami, Florida

23

Zip

Country

Zip

Country

24

25

29 33165.

30 Dade.

9. Name and Address of Current Registered Agent

GONZALEZ, LEONEL
4315 S.W. 98TH CT.
MIAMI FL 33165

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

4. FEI Number

65-0590436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

5/15/1996

12. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, LEONEL
STREET ADDRESS 4315 S.W. 98TH CT.
CITY-ST-ZIP MIAMI FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***225.00

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)(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE

5/15/1996

CR2E034 (12/95)