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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000052148 (0)

1. Corporation Name  
OXY HEALTH EQUIPMENT SERVICES INC.

Principal Place of Business

Mailing Address

~~2100 W. 60TH ST.~~  
~~SUITE 200~~  
~~HALEAH FL 33016~~

~~2100 W. 60TH ST.~~  
~~SUITE 200~~  
~~HALEAH FL 33016-2692~~



2. Principal Place of Business

2a. Mailing Address

21 7511 NW 73 Ave.

26 7511 NW 73 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 105

27 105

City & State

City & State

23 Miami - Florida

28 Miami - Florida

Zip

Country

Zip

Country

24 33166

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33166

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DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLASKO, EMILIA

~~8852 NW 118 TERR.~~

~~HALEAH FL 33016~~

18965 NW 62 Ave # 210  
Miami - FL 33015

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 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 PTD  
NAME PLASKO, EMILIA  
STREET ADDRESS ~~8852 NW 118 TERR.~~ 18965 NW 62 Ave # 210  
CITY - ST - ZIP ~~HALEAH GARDENS FL 33016~~ Miami - FL 33015

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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-97

Date

(305) 887-5002

Daytime Phone #

CR2E034 (9/96)