SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000052148

1. Corporation Name

Oxy Health Equipment Services,Inc.
6001 N.W. 153rd Street Suite 120
Miami Lakes,Fl 33014

Principal Place of Business

Oxy Health Equipment Services,Inc.

Mailing Address

6001 N.W.153rd St.
Suite 120
Miami Lakes,Fl 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: July 6, 1995

2. Principal Place of Business
21 | Street Address
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip | 25 | Country

2a. Mailing Address
26 | Street Address
27 | Suite, Apt. #, etc.
28 | City & State
29 | Zip | 30 | Country

4. FEI Number: [redacted]#650592220 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Esteban Danilo Brito
6001 N.W. 153rd St. Suite 120
Miami Lakes,Fl.33014

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 Section(s) 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Sept.18,1998
(REQUIRED) (Registered Agent Signature is required when not stating) DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Esteban Danilo Brito
STREET ADDRESS: 30 East 63 St.
CITY-ST-ZIP: Hialeah,Fl. 33013

☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP — ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP — ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP — ☐ Change ☐ Addition

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-10/08/98--01058--001
***150.00

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP — ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP — ☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I hereby certify that the corporation named in this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added above.

SIGNATURE: [signature] 305-231-7917 Sept. 18 1998

CR2E034 (5/98)