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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000052745 (3) **DOCUMENT #**

1. Corporation UNIVER	Name SAL MEDICAL EQUIPMEN	IT OF PALM BEACH, I	NC.					
Principal Place of Business Mailing Address					T 1641/201 (10 1610) OINT BRINT BRINT BRINT BRINT BRINT STORY BRINT BRINT BRINT BRINT BRINT BRINT BRINT BRINT			
2072 S. MILITARY TRAIL SUITE 6 WEST PALM BEACH FL 33415		2072 S. MILITARY TRAIL SUITE 6 WEST PALM BEACH FL 33415						
		WEST FALM DENOTIFE SONIS			3. Date Incorporated or Qualified 3a. Date of Last F 07/10/1995	Report		
2. Principal Pla	ice of Business	2a. Mailing Address 26	<u> </u>			4. FEI Number 65-0593826	Applied for Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.				LE Codificate of Status Desired WI	5 Additional Required	
Orty & State		City & State					00 May Be ed to Fees	
Ζ _Ι ρ 4	Gountry 25	Zip 29	Coun	itry		8. This corporation has liability for intangible tax under s Florida Statutes	s 199.032,	
*	9. Name and Address of Curre					10. Name and Address of New Registered Agent		
				81	Namo			
GARCIA, AIDA 2072 S. MILITARY TRAIL					Street Addi	ress (P.O. Box Number is Not Acceptable)		
SUITE 6				83				
WEST PALM BEACH FL 33415				84	City	FL 85 Z	85 Zip Code	
tamiliar wit	Signature typed or peaked recent of registered ag	chon 607.0505, Profita Statutes	DIE Registered			ration submits this statement for the purpose of changing its and of directors. I hereby accept the appointment as registere continued to the continue of the		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT		
TITLE	PD	DELETE		1.1 TITLE 12 NAME		orange	,	
NAME	GARCIA, AIDA 2072 S. MILITARY TRAIL, #	e.			ADDRESS			
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL 33		1401					
TITLE	DELETE			ILE	-	Cnange	Addition	
NAME			2 ? NA	2 ? NAME				
STREET ADDRESS			23 ST	REET	ADDRESS			
CITY-ST-ZIP		P. 05, 575	2401		ST - ZiP	Change	e	
TITLE		DELETE	3 1 TE 3 2 NA					
NAME OFFICE ADDRESS			1		T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			3 4 CI		1			
TITLE		☐ DELETE	4 1 TI			Change	ē 🗌 Addition	
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STREET ADDRESS			4 3 SI	REET	LADDRESS			
CITY-ST-ZIP					ST - ZIP	Chang	e Addition	
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NAME			52 N/		LADORCCO			
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TIFLE			62 N			_		
NAME STREET ADDRESS					I ADDRESS			
CITY-ST-ZIP			640	ITY - ¹	\$1-76			
## Lolo borot	hy cortify that the information supplies	ed with this filma is voluntarily fur	mished and	dae	es not qualify	for the exemption stated in Section 119.07(3)(k), Florida Sta	itutes I further	

I do hereby certify that the information supplied with this tiring is voluntarily turnished and does not quality for the exemption scaled in Section 113.076/kg, honored statutes indirectly 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 originged, or on an attachment with an address.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR