FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000055191 (7)

1. Corporation Name

N. & D. MEDICAL EQUIPMENT OF FLORIDA, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90026 005 ***158.75

Principal Place of Business Mailing Address							
780 N.W. LEJUI	•	N.W. LEJUENE RD. # 520					
MIAMI FLE	33126	MIAMI FL 33126					
THAT IES SSIZO THAT IE SSIZO			,		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 07–18–95		
2. Principal Place of Bus	2a. Mailing Address		4. FEI Number	A	opplied For		
5040 N.W. 7 ST # 207		26 5040 N.W. 7ST. # 207		65-0622213		lot Applicable	
State Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired X \$8.75 Additional Fee Required			
Ct, & State		City & State		Election Campaign Financing		May Be	
23 MIAMI FLORIODA		28 MIAMI FLORIDA		Trust Fund Contribution		l to Fees	
33126	Country USA	Zip Country (29) 33126 (30) USA		8. This corporation owes the current year to	ntangible [X]Yes	□No	
[24]		0	JOA	Personal Property Tax. 10. Name and Address of New Registered			
	ne and Address of Curren	t Registered Agent	8-	1 Name	10. Name and Address of New Addistrict	1 Agent	
NIURKA BORRERO				, manic			
235 EAST 17 STREET			82	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
HIALEAH FL 3	33010		83			- 	
7			ľ	1			
•			84	4 City	F	85 Zip	Code
		2 and 607 1509 Florido Statutos	the abov	un named co	ornoration submits this statement for the purpose of	of changing its	s registered
office or registered a	agent or hoth in the State	of Florida. Such change was aut	nonzed b	y the corpor	ration's board of directors. I hereby accept the appe	ointment as re	egistered
agent. I am familiar	with, and accept the obliga-	tions of, Section 607.0505, Florid	a Statute	·S.			
SIGNATURE		Land title if easterable (MOTE: P	pristared An	ent signature ren	uured when reinstating) DATE		
Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	on agricio e req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
7171 5	□ DELETE		1.1 TITLE			☐ Change	
P,S,1			1.2 NAME	:			*
NIUKKA BUKKEKU			1.3 STREI	ET ADDRESS			
233 EAST 1/ STREET			1.4 C/TY-	ST-ZIP			
TITLE HIALEAH FL 33010		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-	-ST-ZIP	·			
TITLE	□ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP			
TITLE	□ DELETE		4 1 TITLE			Change	Accition
NAME			4 2 NAM	ε			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE .		☐ DELETE	5 1 TITLE	•		Change	Addition
NAME			5 2 NAME	.			
STREET ADDRESS			53 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e
NAME			62 NAME				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	l l			
44 (1)	the lefe entire expedient wi	th this files does not qualify for t	00000	tion stated	io Section 119.07(3)(i) Florida Statutes I further o	ertify that the	information :

In 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 applemental 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 305-208-861