

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058889 (3)

1. Corporation Name

INSTA-CARE MEDICAL EQUIPMENT, INC.



Principal Place of Business

2100 W. 76TH ST.
SUITE 406
HIALEAH FL 33016

Mailing Address

2100 W. 76TH ST.
SUITE 406
HIALEAH FL 33016

2. Principal Place of Business

2a. Mailing Address

21 2100 W. 76 St.

26 P.O. BOX 172167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 406

27

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip

Country

Zip

Country

24 33016

25 Dade

29 33017

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

N/A

4. FET Number

65-0600911

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

DREVENSEK, SILVIA A
2100 W. 76TH ST.
SUITE 406
HIALEAH FL 33016

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 if not applicable)

Signature (typed or printed name of registered agent if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
	PSTD DREVENSEK, SILVIA A	7271 W. 24TH AVE., #231	HIALEAH FL 33016	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☒ Change ☐ Addition
		7283 W. 24 AVE. #150	Hialeah, FL 33016	☐
				☐
				☐
				☐
				☐
				☐
				☐

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, or on an attachment with an address.

SIGNATURE:

Silvia A. Drevensek

5/31/96

(305) 824-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (12/95)