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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058938 1. Corporation Name					
HELP MEDICAL EQUIPMENT, INC.				-	
					0 10 10 10 10 10 10 10
Ì					
Principal Place	e of Business	Mailing Address			Still (Blift i Bill triat i Bit 1881
1840 WEST 49 STREET, SUITE 721 1840 WEST 49 STREET, SUITE 721					
HIALEAH FL 33012 HIALEAH FL 33012				DO NOT WRITE IN THIS	SDACE
į				3. Date Incorporated or Qualifed	SPACE
				07/27/1995	
2. Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0597221	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Servicals of Status Session	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	tangible □Yes □No
24	9. Name and Address of Current		10)	Personal Property Tax. 10. Name and Address of New Registered	
<u> </u>	5. Name and Address of Current	IVe Blocel ed Adelit	81 Name		
PARI	DO, ODALYS		70	RINA NAPOLES	
1840 WEST 49 STREET, SUITE 721			82 Street A	ddress (P.D. Box Number is Not Acceptable)	nt 103
HIALEAH FL 33012			83	<u> </u>	
				<u> </u>	
]			84 City	lisle-h FL	85 Zip Code 330/2
44. Purculant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration				ornoration 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	J 40 M		-		Ì
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	tegistered Agent signature rec		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	DPVS	⊠ D€LETE	1,1 TITLE	DIPS YURINA NAPOLES 755 W 29 15 STYRET HIRKOR, FL 33012	Custings Managing
NAME	PARDO, ODALYS	701	1.2 NAME	755 W 29 75 STV807	1 # 103
STREET ADDRESS	1840 WEST 49 STREET, SUITE	121	1.3 STREET ADDRESS	HI 38017	, , -
CITY-ST-ZIP	HIALEAH FL 33012 T	☐ DELETE	1.4 C/TY-ST-ZIP	P1102011, 10, 330.2	Change Addition
TITLE	PARDO, ODALYS	- Meteric	2.2 NAME		
NAME	1840 WEST 49 STREET, SUITE	791	2.3 STREET ADDRESS		
STREET ADORESS	HIALEAH FL 33012	161	2.4 CITY-ST-ZIP		}
CFIY-ST-ZIP	THE PERSON OF TH	□ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CiTY-ST-ZiP		}
TITLE		☐ DELETE	4.1 TITLE	7.11	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS		, <u></u>	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	·	1
STREET ADDRESS			5.3 STREET ADORESS]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TMLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	,	[
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date