PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500060057

1. Corporation Name

MANGED MEDICAL EQUIDMENT CODD

KATSER	MEDICAL EQUIPMENT, CC	nr.		(88)(88) (8 (818) 8)			
Dispirel Disp	at Dunings	Mailing Address			L er iki bekil belih belih be	IX BOARI BORIDI BIX	
Principal Place							
9085 SW 87 AV STE 208	rt.	9085 SW 87 AVE STE 208					
MIAMI FL 33178	6	MIAMI FL 33176		DO NO	T WRITE IN THIS S	PACE	
US		US		3. Date Incorporated or C	ualifed		
}				08/03/1995		_	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Appli	ied For
21		26		65-0602835		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status De	sired 🗀	\$8.75 Add	
22		27		5. Octiments of change be		Fee Requ	uired
City & State	6	City & State		6. Election Campaign Fin	ancing 🗍	\$5.00 м	- 1
23		28		Trust Fund Contribution		Added to I	Fees
Zip	Country	Zip	Country	8. This corporation owes	-		JNo
24	25		30	Personal Property Tax			
ļ	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address o		gent	
מחשל	RIGUEZ, AIDA		1 Idamo	SPERANZA	KIZO		
	NW 132 CT		82 Street A	ddress (P.O. Box Number is Not	Acceptable)	CTT	208
#B30			83	1022-200-8	LIU MUE	SIE.	200
	AI FL 33182		63				
land	M 7 C 00 102		84 City	MiAMI	FL	85 Zip Co	176
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named o	corporation submits this statemen	for the purpose of cl	nanging its re	gistered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpo	ration's board of directors. I heret	iy accept the appoint	ment as regis	sterea (
agent, la	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flori	da Statutes.				ļ
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.				
agent. I a	rn familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes. Registered Agent signature re	quired when reinstating)	4-28	7-149	9
agent. I all SIGNATURE	m familiar with, and accept the obligation of th	tions of, Section 607.0505, Flori on and title if applicable. (NOTE: ID DIRECTORS	da Statutes. Registered Agent signature re		TO OFFICERS AND	-L99	9
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNING OFFICER OR DIRECTOR

4-28-99 Date Daytime Phone #

FILED

Secretary of State

05-06-1999 90275 016 ***150.00

May 06, 1999 8:00 am