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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000064329

1. Corporation Name
Romi Medical Rentals, Inc.

Principal Place of Business
1370 N.W. 32 Place
Miami, FL. 33125

Mailing Address
1370 N.W. 32 Place
Miami, FL. 33125

2. Principal Place of Business 21 1000 Ponce DeLeon Blvd	2a. Mailing Address 26 1000 Ponce DeLeon Blvd	3. Date Incorporated or Qualified 8/21/1995	3a. Date of Last Report 5/14/96
Suite, Apt. #, etc. 22 Suite 111	Suite, Apt. #, etc. 27 Suite 111	4. FEI Number 65-0602256	☐ Applied For ☐ Not Applicable
City & State 23 Coral Gables, Fl	City & State 28 Coral Gables, Fl.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 33134	Country 25	Zip 29 33134	Country 30
		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Rolando J. Hernandez
1370 N.W. 32 Place
Miami, FL. 33125

10. Name and Address of New Registered Agent

81 Name: Maria E. Inda
82 Street Address (P.O. Box Number is Not Acceptable): 1000 Ponce DeLeon Blvd.
83: Suite 111
84 City: Coral Gables **FL** 85 Zip Code: 33134

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: x Maria E Inda — 7/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hernandez, Rolando J. 1370 N.W. 32 Place Miami, FL 33125	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MARIA E. INDA 1000 Ponce DeLeon Blvd, Suite 111 Coral Gables, Fl. 33134 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marcion, Mireya 1370 N.W. 32 Place Miami, FL. 33125	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002777777 -08/26/97--01041--020 ***62.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PE 8-22

CR2E034 (9/96)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: x Maria E Inda — 7/28/97 (305) 446-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #