

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000064589 (1)

1. Corporation Name

STAT MEDICAL EQUIPMENT SUPPLY, INC.



Principal Place of Business

Mailing Address

36 EAST 5TH STREET
HIALEAH FL 33010

36 EAST 5TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1995

4. FEI Number

65-0603044

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 36 East 5th Street

Suite, Apt. #, etc.

22

City & State

23 Hialeah, FL

Zip

24 33010

Country

25 Dade

2a. Mailing Address

26 36 East 5th Street

Suite, Apt. #, etc.

27

City & State

28 Hialeah, FL

Zip

29 33010

Country

30 Dade

9. Name and Address of Current Registered Agent

MONTEAGUDO, MARIA T
36 EAST 5TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

Lourdes Valdes

82 Street Address (P.O. Box Number is Not Acceptable)

36 East 5th Street

83

84 City

Hialeah

FL

85 Zip Code

33010

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 *[Signature]*

Signature, if not for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MONTEAGUDO, MARIA T
STREET ADDRESS 36 EAST 5TH STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE Y ☒ DELETE

NAME LASA, RODOLFINA B
STREET ADDRESS 36 EAST 5TH STREET
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Lourdes Valdes
1.3 STREET ADDRESS 36 East 5th Street
1.4 CITY-ST-ZIP Hialeah, FL 33010

2.1 TITLE Vice-President ☒ Change ☐ Addition

2.2 NAME Lourdes Serrano
2.3 STREET ADDRESS 36 East 5th Street
2.4 CITY-ST-ZIP Hialeah, FL 33010

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

CR2E034 (10/97)