FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000065713 (6)**

1. Corporation Name

G&S MEDICAL RENTALS INC

Principal Place of Business	Mailing Address
10661 SW 88 STREET SUITE 118 MIAMI FL 33176	7255 SW 38 STREET MIAMI FL 33155

3. Date Incorporated or Qualified: 08/24/1995

3a. Date of Last Report: FIRST REPORT

4. FEI Number: EIN - 650603302 — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 11401 SW 40th St	26 7255 SW 38 St
22 Suite, Apt. #, etc. 328	27 Suite, Apt. #, etc. —
23 City & State: Miami FL	28 City & State: Miami Fl.
24 Zip: 33165 25 County: U.S.A	29 Zip: 33155 30 County: U.S.A.

9. Name and Address of Current Registered Agent

GARCIA, MIRNA
7255 SW 38 STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

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 Section 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1-TITLE	☑ Change ☐ Addition
NAME	MARTINEZ, GONZALO		1-NAME/ADDRESS	MARTINEZ GONZALO 11401 SW 40 St Suite 328 Miami FL 33165
STREET ADDRESS	10661 SW 88 STREET #118			
CITY-ST-ZIP	MIAMI FL 33176			
TITLE	P	☐ DELETE	2-TITLE	☑ Change ☐ Addition
NAME	GARCIA, MIRNA		2-NAME/ADDRESS	P Mirna Garcia 11401 SW 40 St Suite 328 Miami FL 33165
STREET ADDRESS	10661 SW 88 STREET #118			
CITY-ST-ZIP	MIAMI FL 33176			
TITLE		☐ DELETE	3-TITLE	☐ Change ☐ Addition
NAME			3-NAME/ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	4-TITLE	☐ Change ☐ Addition
NAME			4-NAME/ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	5-TITLE	☐ Change ☐ Addition
NAME			5-NAME/ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE	6-TITLE	☐ Change ☐ Addition
NAME			6-NAME/ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP				

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 added, above.

SIGNATURE: _____ MIRNA GARCIA - 3/25/96 - (305) 265-1398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #