FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000067928 (8) PLAN MEDICAL RENTAL, INC.									
Trincipal Place of Business Mailing Address							II DAN BAN N		
1595 S.W. 122ND AVENUE #11 MIAMI FL 33184		1595 S.W. 122ND AVI MIAMI FL 33184	1595 S.W. 122ND AVENUE #11 MIAMI FL 33184						
						09/01/1995	Ba. Date of L	N/H	}
Principal Place of Business		2a. Mailing Address				4. FEI Number 65-06/4/520.	,	<u> </u>	pplied For ot Applicable
 			Suite, Apt. #, etc				_ \$		Additional
Suite, Apt. #, etc. [27	F " 1			5. Certificate of Status Desired [Fee R	equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution	: כ		May Be to Fees
Zio	Country	28	Cou	ntry		8. This corporation has liability for inta	ingible tax ur		
•	25	29	30			Florida Statutes 🔏 Yes 🕻	_] No		
g, Name	and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Reg	istered Age	<u>nt</u>	
				81					
RODRIGUEZ, ALBERT				82	Street Add	iress (P.O. Box Number is Not Acceptable)			
1595 S.W. 122ND AVENUE #11 MIAMI FL 33184				83					
				84	City			35 Zip	Code
				[]		pration submits this statement for the purpo	FL	.	
(CNATUDE	o or protekt name of registere fla		NOTE: Registered	Agen	nt signatura regoir	nativities (materia): ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DI	BECTO!	
127	S NOTICERS	AND DIRECTORS	13.	TLE		ADDITIONS/OFFINALS TO OTTO		Change	Addition
MI 12/2	On Popli	כשומ	12 N	AME					
REEL ADDRESS 1770	RI KUDRI	venue. #//	1.3 \$	IREET	ADDRESS				
Y-ST ZIP 7	MU FL 3	3184.			51 - ZIP			Change	Addition
ıF		, DEFEIE	. 211		İ		LI	anange.	L_ Addition
ME			22 N		ADDRESS				
REF ACOBESS					S1-ZIP				
Y - ST - ZIF	DELETE		3 1 7					Change	☐ Addition
VME			3 2 N	AME					
REEL ADDRESS		•	335	STREE	1 ADDRESS				
Y - \$1 - Z (7)					ST-ZIP			Changa	- Addition
u e		☐ DELETE	4 1 1				Ц,	Change	☐ Addition
Mi				IAME					
ROLL ALIGNESS			•		1 ADDRESS				
TY - ST - ZIP		DELETE		HILE Tille	ST-ZIP			Change	Addition
ILF		□ with		IAME	ľ			-	_
AME					1 ADDRESS				
THEET ADDRESS					ST-ZIP				
)[Y+S[_Z)F:		DELETE		iiT_E				Change	Addition
				AME					

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If 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 out; that I am an officer or director of the corporation or the receiver or trustoe 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. CITY SI-7IP

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE!

STREET ADDRESS.

PEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR