

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

90 SEP 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072129 (6)

1. Corporation Name

R & S MEDICAL RENTAL, INC.

Principal Place of Business

Mailing Address

4315 NW 7TH STREET STE 40-A
MIAMI FL 33126

4315 NW 7TH STREET STE 40-A
MIAMI FL 33126

3. Date Incorporated or Qualified

3a. Date of Last Report

09/15/1995

2. Principal Place of Business

2a. Mailing Address

21 4700 N.W. 7 ST.

26 4700 N.W. 7 ST.

4. FET Number

Applied For

65-0609498

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. # 4

27 STE. # 4

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33126

25 USA

29 33126

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, REGLA
4315 NW 7TH STREET STE 40-A
MIAMI FL 33126

81 Name IGNACIO ZAYAS

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

4700 N.W. 7 ST., STE. # 4

83

84 City MIAMI

FL

85 Zip Code 33126

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

Signature typed and printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SUAREZ, REGLA
STREET ADDRESS 4315 NW 7TH STREET STE 40-A
CITY - ST - ZIP MIAMI FL 33126

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition
12 NAME IGNACIO ZAYAS
13 STREET ADDRESS 4700 N.W. 7 ST., STE. # 4
14 CITY - ST - ZIP MIAMI, FL 33126

21 TITLE 600001952516
22 NAME -03/20/96--01028--001
23 STREET ADDRESS ****375.00 ****375.00
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I 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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96 (305) 461-2441

Date

Telephone Number

CR2E034 (3/96)