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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073341 (6)

1. Corporation Name

UNLIMITED MEDICAL EQUIPMENT, INC.



Principal Place of Business

6801 NW 77 AVENUE
SUITE 201
MIAMI FL 33166

Mailing Address

6801 NW 77 AVENUE
SUITE 201
MIAMI FL 33166-2842

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

21 7080 W 20 Ave

Suite, Apt. #, etc.

22 44

City & State

23 Hialeah, FL

Zip

24 33016

Country

25 USA

2a. Mailing Address

26 7080 W 20 Ave

Suite, Apt. #, etc.

27 B44

City & State

28 Hialeah, FL

Zip

29 33016

Country

30 USA

4. FEI Number

65-0612169

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

NIETO, LUIS
5500 W. 21 COURT
APT 402
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

Nelson Ramos

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

83 11645 NW 89 Ct

84 City

Hialeah Gardens FL

85 Zip Code

33018

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]

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME NIETO, LUIS
STREET ADDRESS 5500 W 21 COURT, #402
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ DELETE

NAME RAMOS, NELSON
STREET ADDRESS 5714 W 28 AVENUE, #5714
CITY-ST-ZIP HIALEAH FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

[Signature]

4/7/96 863-8868 (305)

CR2E034 (9/96)