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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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P95000074008 (0) DOCUMENT #

N.G. MEDICAL SUPPLIES & EQUIPMENT, INC. Principal Place of Business Mailing Address 9453 S.W. 17TH STREET 9453 S.W. 17TH STREET MIAMI FL 33165 MIAMI FL 33165 2a. Mailing Address 2. Principal Place of Business

09/25/1995 FEI Number Applied For 9453 SAME Not Applicable 26 Suite. Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country This corporation has liability for intangible tax under s. 199 032, 2mCountry ☐ Yes ☐ No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PEREZ, MIRIAM Street Address (P.O. Box Number is Not Acceptable) 9453 S.W. 17TH STREET 83 **MIAMI FL 33165** Zip Code 84 City **B**5

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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the pulpations of Section 607,0504, Popida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CERS AND DIRECTO 12. Change Addition 1 'THE TITLE PEREZ, MIRIAM 1.2 NAME NAME 9453 S.W. 17TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 14 CITY - ST ZIP CITY-ST ZIP Change Addition □ DELETE 2 17/31/6 TITLE 2.2 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TOD F 3.2 NAME NAME 3.4 STREET ADDRESS STREET ADDRESS CITY ST 7.0 3.4 CH1: -S1-7IP DELETE ☐ Change Add-tion 4 1 IH.E THILE 4.2 NAME N4ME STREET ADDRESS 4.3 STREET ADORESS 4.4 CHTY - ST - ZIP City-St-Zif-Change Addition DELETE TITLE 5 1 TIFLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P C-TY-ST Z.P Addition DELETE 6 'TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and one on quality for the exemption stated in Section 119.07(3)(k), 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 control on or the repeiver or trusted 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.

6.4 CITY - ST - ZIP

SIGNATURE:

OR DIRECTOR

Daybore Pilos V

3a. Date of Last Report

3. Date Incorporated or Qualified

CR2E034 (12/95