

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076658 (0)**

1. Corporation Name

**PERDOMO MEDICAL SUPPLIES & EQUIPMENT INC.**



Principal Place of Business

**8043 W. McNAB RD.  
TAMARAC 33 33321  
US**

Mailing Address

**10884 S.W. 144 CT.  
MIAMI 33 33186-2943  
US**

3. Date Incorporated or Qualified  
**10/06/1995**

3a. Date of Last Report  
**08/05/1996**

2. Principal Place of Business

2a. Mailing Address

21 **8043 W. McNAB ROAD**

26 **15552 SW 115 ST**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **TAMARAC FL**

28 **MIAMI FL**

24 **33321**

25 **USA**

29 **33196**

30 **USA**

4. FEI Number  
**65-0611868**

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

9. Name and Address of Current Registered Agent

**PERDOMO, GODOFREDO M  
10884 SW 144 COURT  
MIAMI FL 33146**

10. Name and Address of New Registered Agent

81 Name **SAME AGENT NEW ADDRESS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15552 SW 115 ST**  
83  
84 City **MIAMI** **FL** 85 Zip Code **33196**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-9-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PERDOMO, GODOFREDO</b>	
STREET ADDRESS	<b>10884 SW 144 COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL 33146</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PERDOMO, SILVIA</b>	
STREET ADDRESS	<b>10884 SW 144 COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL 33146</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-9-97**

0260686

CR2E034 (9/96)