FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

[redacted]

1997

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

FILED
97 OCT 31 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000077509 (4)

1. Corporation Name
S & M MEDICAL EQUIPMENT RENTAL, INC

REINSTATEMENT 97 AD

Principal Place of Business
5951 NW 151ST ST #209
MIAMI LAKES FL 33015

Mailing Address
~~5500 NW 178 TERR~~
~~MIAMI FL 33055~~

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0620264 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5951 NW 151 St.
Suite, Apt. #, etc.
27 209
City & State
28 Miami, Fl.
Zip 29 33014 Country 30 Dade

9. Name and Address of Current Registered Agent
~~MIRANDA SANDRA~~
~~5500 NW 178 TERR~~
~~MIAMI FL 33055~~

10. Name and Address of New Registered Agent
81 Name: ROGELIO RAMOS
82 Street Address (P.O. Box Number is Not Acceptable)
83 5951 NW 151 St. # 209
84 City: Miami FL 85 Zip Code: 33014

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 _____ 10/27/97
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	P	[X] DELETE
NAME	~~MIRANDA SANDRA~~	
STREET ADDRESS	5500 NW 178 TERR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S/T	[X] DELETE
NAME	~~CARMONA MIGUEL~~	
STREET ADDRESS	5500 NW 178 TERR	
CITY-ST-ZIP	MIAMI FL 33055	
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	PRESIDENT	[X] Change [ ] Addition
1.2 NAME	ROGELIO RAMOS	
1.3 STREET ADDRESS	5951 NW 151 St. # 209	
1.4 CITY-ST-ZIP	Miami, Fl. 33014	
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		[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****750.00 ****750.00

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 _____ 10/27/97

CR2E034 (9/96)