

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.)

995000077881  
ANNUAL REPORT  
1996  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

First Union Health Equipment Corp.

Principal Place of Business

Mailing Address

5545 S.W. 8 Street  
Suite # 207  
Miami, FL. 33134

5545 S.W. 8 Street  
Suite # 207  
Miami, FL. 33134

2. Principal Place of Business

21 5545 S.W. 8 Street

Suite, Apt. #, etc.

22 # 207

City & State

23 Miami, FL.

Zip

24 33134

Country

25 U.S.A.

2a. Mailing Address

26 5545 S.W. 8 Street

Suite, Apt. #, etc.

27 # 207

City & State

28 Miami, FL.

Zip

29 33134

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ROSALBA SOSA  
4740 S.W. 5 Street  
Miami, FL. 33134

3. Date Incorporated or Qualified

10/11/95

3a. Date of Last Report

4/10/96

4. FEI Number

65-0612924

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

10. Name and Address of New Registered Agent

81 Name

ROSALBA GARCIA

82

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

1500 SW 20 Street

83

84

City  
Miami,

FL

85 Zip Code

33145

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

*Rosalba Garcia*

(NOTE: Registered Agent signature required when reinstating)

DATE

10-15-96

12. OFFICERS AND DIRECTORS

TITLE

V. Pres & Secretary ☒ DELETE

NAME Lazaro Felipe Garcia

STREET ADDRESS 15925 S.W. 102 PL.

CITY-ST-ZIP Miami, FL. 33157

TITLE ☐ DELETE

NAME Pres, Treasurer

STREET ADDRESS Rosalba Sosa

CITY-ST-ZIP 4740 S.W. 5 Street

Miami, FL. 33134 ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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SIGNATURE:

*Rosalba Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

10-15-96 (306) 269-8555

DAYTIME PHONE #

CR2E034 (3/96)