PROFIT CORPORATION ANNUAL REPORT

199

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

FILED
98 JUN 13 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000083233

1. Corporation Name

DORAL MEDICAL EQUIPMENT INC.

REINSTATEMENT 98-99

Principal Place of Business	Mailing Address
7511 NW 73 ST. Suite 114 Miami,Fl.33166	SAME

3. Date Incorporated or Qualified:
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 11398 W Flagler St.	26 11398 W Flagler St.
22 Suite, Apt. #, etc. 203	27 Suite, Apt. #, etc. 203
23 City & State Miami,Fl.33174	28 City & State Miami,Fl.33174
24 Zip 33174 / 25 Country	29 Zip 33174 / 30 Country

4. FEI Number *65-0616083 ☐ 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	10. Name and Address of New Registered Agent
Bertha Rioseco 290 E. 20st Hialeah Fl 33010	81 Name: Ivonne Bonet 82 Street Address (P.O. Box Number is Not Acceptable): 100 East 37 St. 83 84 City: Hialeah FL 85 Zip Code: 33013

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: Bertha Rioseco — 7/6/99

Signature, typed or printed name of registered agent and title if applicable — (If registered agent is an entity, list name and title of individual signing on entity's behalf) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Bertha Rioseco 290 East 20 St. Hialeah,Fl.33010 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Ivonne Bonet 100 East 37 St. Hialeah,Fl.3310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	900002948449--9 -07/23/99--01084--022 ****908.75 ****908.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E024 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

7/6/99

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date