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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000087786 (6)

1. Corporation Name
PARDO MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
1840 WEST 49 STREET SUITE 711 HIALEAH FL 33012 US	~~1840 WEST 49 STREET SUITE 711 HIALEAH FL 33012-2844 US~~

2. Principal Place of Business (21)	2a. Mailing Address (26) 5530 NW 175 STREET
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28) MIAMI, FL 33055
Zip (24) / Country (25)	Zip (29) 33055 / Country (30) Dade

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: 03/15/1996
4. FEI Number: 65-0622042 ☐ 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
ROJAS, RUTH
5530 NW 175 ST
MIAMI FL 33055

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRESIDENT / SECRETARY ☒ Change ☐ Addition
NAME	ROJAS, RUTH	1.2 NAME	ROJAS, RUTH
STREET ADDRESS	5530 NW 175 STREET	1.3 STREET ADDRESS	5530 NW 175 STREET
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33055
TITLE	☐ DELETE	2.1 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME	MARIA ESTHER INDA	2.2 NAME	MARIA ESTHER INDA
STREET ADDRESS	6774 SW 22 ST	2.3 STREET ADDRESS	6774 SW 22 ST.
CITY-ST-ZIP	MIAMI Fla 33155	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Ruth Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97
Date

Daytime Phone #