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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortnar 1

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000091110 (3)

E & D MEDICAL EQUIPMENT, INC.

Principal Place	of Businees					
1205 W 2N HIALEAH F	D AVE. #3	Mailing Address 1205 W 2ND AVE. HIALEAH FL 33010	# 3	r coantear the birth 4000 4600 4600	itte omste flåtin flætet iff	(B) (388) ((B)(88)(188)
				3. Date Incorporated or Qualified 11/30/1995	3a. Date of Las	st Report
2. Principal Pl	ace of Business	2a. Muling Address		4. FEI Number	L	Applied For
Suite, Apt	# etc	26		65-0621300	7	Not Applicable
22 City & State		Suite, Apr. #, etc. 27		5. Certificate of Status Desired		.75 Additional ee Required
23		City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip 24	Country 25	Ζφ 29	Country 30	This corporation has liability for in Florida Statutes	intangible tax unde	ers 199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	legistered Agent	
,			81 Name			
1205 W	NDEZ, MARTHA E / 2ND AVE, #3 .H FL 33010		82 Street Add	dress (P.O. Box Number is Not Acceptabl	ile)	
TIMECA	In FL 330 JU		63			-
			84 City	7.12	— , 85	Zip Code
11. Pursuant ti	the provisions of Sections 617 050	17 and 607 1508 Float - Cros.	10.	oration submits this statement for the purp		•
or registere	ad agent, or both, in the State of Flor n, and accept the obligations of, Sec	nda. Such change vias authori	res, the above harned corporation's boared by the corporation's boared.	pration submits this statement for the purp are of directors. Thereby accept the appo	pose of changing a pintment as register	ts registered office red agent. I am
MALLINIAN WALL		mon doz. 0005, Florida Statiste	3			
SIGNATURE						
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14. I do hereby certify that the information supplied with this forg is voluntarily furnished and oods not quarry for the exemption stated in Section 119 07(3)(k). 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 fursted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with an address.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/46 605)883-5552