**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90029 046 \*\*\*150.00

n 1986/1980 N.B. 1848: Olini Borri Borri Borri Borri Borri Borri Borri (Birli Olini) (Birli Borri Birli Borri

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000095804

1. Corporation Name

ALEXEI'S MEDICAL EQUIPMENT, CORP.

Principal Place of Business Mailing Address					וספר יפוים ווופר ויופר ופונה נפנה פיותה ווופר ויופה אונה נונה אונה (פופר פור בפון בפון היופר ווופר ויופר אונה ביותר בפון בפון בפון בפון בפון בפון בפון בפון
1655 W 68 STREET 7080 W. 35 AVE					
104 #117					DO NOT MIDITE IN THE SPACE
HIALEAH FL 33014 HIALEAH FL 33016					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
000					12/19/1995
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26					65-0629657 Not Applicable
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27					5. Certificate of Status Desired Sa.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes the current year Intangible Personal Property Tax.
24	25 25 On Name and Address of Current		<b>30</b> 1	·	10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of Ne					10. Hame and Made de St. Ham Register 55 Agent
MENDEZ, ALEXEI				<u> </u>	
1655 WEST 68 STREET, #104			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33014			8	3	
				<u> </u>	
•			8		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					
0,0	Signature, typed or printed name of registered ager			jent signature rec	quired when reinstating) DATE
12.			13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE	ì	Change C Addition
NAME			1.2 NAM	ĺ	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			1.4 C/TY		☐ Change ☐ Addition
TITLE	_ 1		2.1 TITLE		
NAME			2.2 NAM	-	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			2.4 CITY		☐ Change ☐ Addition
TITLE			3.1 TITLE		Change C. Addison
NAME			3.2 NAMI	f	
STREET ADDRESS	- Curicoo			ETADORESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY		☐ Change ☐ Addition
TITLE			4.1 T/TLE	1	
NAME			4. 2 NAM	1	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	·ST-ZIP	

CITY-ST-ZIP 14. I 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 or explanation with an address, with all other like empowered.

517ITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MANURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

□ DELETE

☐ Addition

Addition

☐ Change