

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P96000001405 (5)**

1. Corporation Name

**ALEXANDER MEDICAL EQUIPMENT, INC.**



Principal Place of Business

**2379 DEMARET DRIVE  
DUNEDIN FL 34698**

Mailing Address

**2379 DEMARET DRIVE  
DUNEDIN FL 34698**

3. Date Incorporated or Qualified

**12/29/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-335 2040**

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

**JONES, RUBIN E  
2379 DEMARET DRIVE  
DUNEDIN FL 34698**

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]*

**RUBEN JONES**

**4-24-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PSTD JONES, RUBIN E**  
STREET ADDRESS **2379 DEMARET DRIVE**  
CITY- ST- ZIP **DUNEDIN FL 34698**

11 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12 NAME  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13 STREET ADDRESS  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

14 CITY- ST- ZIP  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

15 TITLE  Change  Addition

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

16 NAME  Change  Addition

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)(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 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:

*[Signature]* **RUBEN JONES**

**4-24-96**

**813-736-1219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)