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May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 34698-2209

3. Date Incorporated or Qualified 12/29/1995  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number 59-3352080, 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  
JONES, RUBIN E  
2379 DEMARET DRIVE  
DUNEDIN FL 34698

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

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for PSTD JONES, RUBIN E.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, etc.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-30-97 813-736-1219 Date Daytime Phone #

CR2E034 (9/96)