FROND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000001405 \ 1. Corporation Name

ALEXANDER MEDICAL EQUIPMENT, INC.

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90007 039 ***550.00

6 1 1537 - 90007 - 39

	of Business	Mailing Address			
2672 BAYSHORI	E BLVD	2672 BAYSHORE BLV	'D		
DUNEDIN FL 34	698	DUNEDIN FL 34698			DO NOT WOLTE IN THE SPACE
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					1 -
					12/29/1995 4. FEI Number Applied For
2. Principal Pla	ice of Business	2a. Mailing Address			
'i		26			59-3352080 Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
3		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year
4	25	29	30		Intangible Personal Property. Yes No
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registered Agent
				81 Name	
	es, Rubin e			82 Street Add	dress (P.O. Box Number is Not Acceptable)
2379	DEMARET DRIVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)
DUNI	EDIN FL 34698			83	
				i II	
				84 City	FL 85 Zip Code
. <u>. </u>				<u> </u>	
office or re	egistered agent, or both, in the s	.0502 and 607.1508, Florida Sta State of Florida. Such change w obligations of, section 607.0505	ras authorized	i by the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agont. I ai				utes.	
		Juligation 51, 50511511 5011505	, Fluilla Stat	utes.	
SIGNATURE _					quired when reinstating) DATE
s	signature, typed or printed name of registers				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature, typed or printed name of registers OFFICER	d agent and little if applicable	(NOTE: Register	red Agent signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IZ.	Signature, typed or printed name of registers OFFICER PSTD	d agent and title if applicable	(NOTE: Register 13.	red Agent signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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