FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÉ

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600001912

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

E.M. MEDICAL EQUIPMENT INC.

Principal Place	e of Rusiness	Mailing Address			1811 98181 (1818 (1818) (1818 (181 (181
801 WEST 49 S	the second secon	801 WEST 49 STREET .			•
#228	SINEE	#228			
HIALEAH FL 33	3012	HIALEAH FL 33012		DO NOT WRITE IN T	HIS SPACE
= -	The many of the many sea	ر هم کښينده هم هم او پيونون پيچ ارياد در او د		3. Date Incorporated or Qualifed 01/08/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0637636	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	***		\$8.75 Additional
	,,	27		5. Certificate of Status Desired	Fee Required
22 City & Stat	to.	City & State		6. Election Campaign Financing	\$5.00 May Be
— ·		- '		Trust Fund Contribution	Added to Fees
23 Zin	Country	28 Zip	Country		
Zip		 		This corporation owes the current yea Personal Property Tax.	Yes No
24	25	29	30	10. Name and Address of New Register	
	9. Name and Address of Curr	ent Registered Agent	81 Name	10, Hame and Address of New Register	Tou Agont
IGI F	SIAS ANTONIO				
	W 49TH ST 228		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33012			A second	7.0 119 A 617 1.00 C - 54	
HIAL	SEATTLE SOUTE		83		
			84 City		85 Zip Code
Mark Marie 7	on more of	cope to * N = 2	!		- L
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its registered
office or r agent. I a	registered agent, or both, in the Statement in the Statem	te of Florida. Such change was a gations of, Section 607.0505, Flo	outhorized by the corporation or the corporation of	on's board of directors. I nereby accept the ap	opointment as registered
agent. i a	im familiar with, and accept the obli	gations of, Section 607.0505, Fig	onda Statutes.		
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Fig.	E: Registered Agent signature require	d when reinstating) DATE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Fig. gent and title if applicable. (NOTE	E: Registered Agent signature require		S AND DIRECTORS IN 12
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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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90027 039 ***150.00