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FILED

Feb 24 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 # P96000008849 (7)

1. Corporation Name  
OMEGA MEDICAL EQUIPMENT, INC.

Principal Place of Business  
4506 L.B. MCLEOD RD SUITE F  
ORLANDO FL 32811

Mailing Address  
P.O. BOX 53-6576  
ORLANDO FL 32853-6576



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

SIMSER, THOMAS A JR  
390 N ORANGE AVE SUITE 600  
ORLANDO FL 32801

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

4. FEI Number

59-3366772

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

10. Name and Address of New Registered Agent

81 Name

Griggs, Stephen P.

82 Street Address (P.O. Box Number is Not Acceptable)

4506 L.B. McLeod Road

83 Suite F

84 City

ORLANDO

FL

85 Zip Code

32811

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

1/29/97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME GRIGGS, STEPHEN P  
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE D  
NAME IRISH, REBECCA R  
STREET ADDRESS 4506 L.B. MCLEOD RD SUITE F  
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PAS Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ST Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 liquidator 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:

Rebecca R Irish

1/31/97

(407) 841-2115

CR2E034 (9/96)