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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 # P96000008854 (7)

1. Corporation Name:

CHI 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

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3374206

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

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

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 of Registered Agent and Titled Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GRIGGS, STEPHEN P	4506 L.B. MCLEOD RD SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
D	IRISH, REBECCA R	4506 L.B. MCLEOD RD SUITE F	ORLANDO FL 32811	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PASD				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 or changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
Rebecca R. Irish

Date

1/31/97

Daytime Phone #
407-842-2115

CR2E034 (9/96)