

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

FILED
Aug 29 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 # <u>P96000009299</u> 1. Corporation Name <u>COAST TO COAST Medical Equipment, Inc.</u>			
Principal Place of Business <u>7221 S.W. 24th St. #209</u> <u>Miami, FL 33155</u>		Mailing Address <u>SAME</u>	
2. Principal Place of Business 21 <u>SAME</u> Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <u>SAME</u> Suite, Apt. #, etc. 27 City & State 28 Zip 29	
3. Date Incorporated or Qualified <u>1/30/96</u>		3a. Date of Last Report	
4. FEI Number <u>65-0645366</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>GONZALEZ, TANIA</u> <u>14934 S.W. 38th TERRACE</u> <u>Miami, FL 33185</u>		10. Name and Address of New Registered Agent 81 Name <u>SAME</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 <u>TANIA GONZALEZ</u> <u>TANIA GONZALEZ</u> <u>8/29/97</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <u>P</u> NAME <u>GONZALEZ, TANIA</u> <input type="checkbox"/> DELETE STREET ADDRESS <u>14934 S.W. 38th TERRACE</u> CITY-STATE-ZIP <u>Miami, FL 33185</u> TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP TITLE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 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: <u>TANIA GONZALEZ</u> <u>TANIA GONZALEZ</u> <u>8/29/97</u> <u>(305) 461-4460</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)