

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010141 (5)

1. Corporation Name

OCEAN VIEW MEDICAL EQUIPMENT, INC.



Principal Place of Business 4054 BEAVER LANE #4 PORT CHARLOTTE FL 33952	Mailing Address 4054 BEAVER LANE #4 PORT CHARLOTTE FL 33952-9296
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2. Principal Place of Business 21 1225 TAMiami TRAIL Suite, Apt. #, etc. 22 BAY-20 City & State 23 PORT CHARLOTTE, FL. Zip 24 33953		2a. Mailing Address 26 1225 TAMiami TRAIL Suite, Apt. #, etc. 27 BAY-20 City & State 28 PORT CHARLOTTE, FL Zip 29 33953		3. Date Incorporated or Qualified 02/01/1996		3a. Date of Last Report	
				4. FEL Number 65-0638717		Applied for 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 ERWIN, NANCY G 4054 BEAVER LANE #4 PORT CHARLOTTE FL 33952		10. Name and Address of New Registered Agent 81 Name CARLOS M. CAMPOS 82 Street Address (P.O. Box Number is Not Acceptable) 1225 TAMiami TRAIL 83 BAY-20 84 City PORT CHARLOTTE, FL 85 Zip Code 33953	
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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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ERWIN, NANCY G STREET ADDRESS 4054 BEAVER LANE #4 CITY-ST-ZIP PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME CARLOS M. CAMPOS 1.3 STREET ADDRESS 1225 TAMiami TRAIL B-20 1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-97 (SUI) 255-3885

CR2E034 (9/96)