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FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013489 (5)

1. Corporation Name

SHENANDOAH MEDICAL EQUIPMENT AND SUPPLIES, INC.



Principal Place of Business

Mailing Address

3063 SW 17TH ST
MIAMI FL 33145

3063 SW 17TH ST
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11800 SW 18 ST.

Suite, Apt. #, etc.

22 # 501

23 City & State
MIAMI FL.

24 Zip

33175

Country

25 MIAMI DADE

2a. Mailing Address

26 11800 SW 18 ST.

Suite, Apt. #, etc.

27 # 501

28 City & State
MIAMI FL.

29 Zip

33175

Country

30 MIAMI DADE

3. Date Incorporated or Qualified

02/13/1996

4. FEI Number

65-0641875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DE LA SERNA, MARIA L
3063 SW 17TH ST
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name MARIA L. DE LA SERNA
82 Street Address (P.O. Box Number is Not Acceptable)
11800 SW 18 ST.
83 # 501
84 City MIAMI FL 85 Zip Code 33175

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

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DE LA SERNA, MARIA L

STREET ADDRESS 3063 SW 17TH ST

CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MARIA L. DE LA SERNA

1.3 STREET ADDRESS 11800 SW 18 ST # 501

1.4 CITY-ST-ZIP MIAMI FL 33175

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 reports 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, on an annual report with an address.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

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***150.00

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CR2E034 (10/97)