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

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JAN 26 PM 3:34

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000014696**

1. Corporation Name
ERICK MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
5590 WEST 20 AVENUE SUITE 201 HIALEAH FL 33016	5590 WEST 20 AVENUE SUITE 201 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 770 PONCE DE LEON BLVD	26 770 PONCE DE LEON BLVD
Suite, Apt. #, etc. 22 STE 228	Suite, Apt. #, etc. 27 STE 228
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33134 Country 25	Zip 29 33134 Country 30

3. Date Incorporated or Qualified
02/13/1996

4. FEI Number
65-0641374

Applied For
Not Applicable

5. Certificate of Status Desired **X** — **$8.75** Additional Fee Required

6. Electronic Copying / Filing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes **X** No

9. Name and Address of Current Registered Agent

HERNANDEZ, MAX E
5590 WEST 20 AVENUE
SUITE 201
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name
HERNANDEZ, MAX E
82 Street Address (P.O. Box Number is Not Acceptable)
770 PONCE DE LEON BLVD
83 STE 228
84 City
CORAL GABLES
FL 85 Zip Code 33134

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: _____ DATE: 1-21-99

12. OFFICERS AND DIRECTORS

TITLE	PVST	X DELETE
NAME	HERNANDEZ, MAX E	
STREET ADDRESS	5590 WEST 20 AVENUE, SUITE 201	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	X DELETE
NAME	HERNANDEZ, MAX E	
STREET ADDRESS	5590 WEST 20 AVENUE, SUITE 201	
CITY-ST-ZIP	HIALEAH FL 33016	
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

41 TITLE	PVST	X Change [ ] Add
42 NAME	HERNANDEZ, MAX E	
43 STREET ADDRESS	770 PONCE DE LEON BLVD., STE 228	
44 CITY-ST-ZIP	CORAL GABLES, FL 33134	
51 TITLE	D	X Change [ ] Add
52 NAME	HERNANDEZ, MAX E	
53 STREET ADDRESS	770 PONCE DE LEON BLVD., STE 228	
54 CITY-ST-ZIP	CORAL GABLES, FL 33134	
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] Change [ ] Add
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Add
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		

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****158.75 ****158.75

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 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, with all other like empowered.

SIGNATURE: _____ MAX E. HERNANDEZ 1-21-99 (305) 448-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (11/98)