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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018766 (1)

MEDICAL EQUIPMENT ACQUISITION, INC.

Principal Place of Business 51506 TIMUQUANA ROAD IACKSONVILLE EL 22210 Mailing Address

5150-6 TIMUQUANA ROAD JACKSONVILLE FL 32210-8925

FILED May 15 1997 8:00am Secretary of State



	FL 32210	ANONOUNTE LE SEST	o voco						
						3. Date Incorporated or Qualified 02/29/1996	Sa. Date of L	ast Report	
2. Principal Pia	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	Applied For	
21		26				59-3365587		Not Applicable	
Suite, Apt #	t, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	□ \$8.	75 Additional	
22		27				Certificate of Status Desired	Fe	e Required	
City & State		City & State				6. Election Campaign Financing	\$5	.00 May Be	
23		28				Trust Fund Contribution	☐ Ac	ded to Fees	
Zip	Country	Zip	C	Country		8. This corporation has liability for i	ntangible tax un	der s. 199.032,	
24	25	29	30			1	Yes No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered Agent		
RAX CO.					81 Name				
50 NO LAURA STREET 3400 BARNETT CENTER					82 Street Address (P.O. Box Number is Not Acceptable)				
							···		
				84	City		FL 85	Zip Code	
office or re agent I an	g stered agent or both, in the Sta i fair liar with, and accept the obl	te of Florida. Such change was	s authori	rized by	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	ot the appointme	nt as registered	
	dqualite, lypichor posted name of regulered (agont and title if applicable (N			ariupas arutangia Inc	nd when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TILLE	D	☐ DELETE	1.	,1 TITLE	D/	P/S/T	[] Ch	ange L Addition	
NAME	MCENANY, THOMAS J		1.	.2 NAME	'	•			
STREET FADORESS	5150-6 TIMUQUANA ROAD		1.	.3 STREET	ADDRESS				
City St-2ff	JACKSONVILLE FL 32210		1.	.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	2.	2.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME			2.	2.2 NAME	1				
NAME SUBSELLADORESS					ADDRESS				
			2.						
SUBERT LATINGEESS		☐ DELETE	2. 2.	2.3 STREET			☐ Ch	ange Addition	
SUBSETT ADORESS CITY ST ZIF		☐ DELETE	2. 2. 3.	2.3 STREET 2.4 City - S			☐ Ch	ange Addition	
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I. 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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, the lam an officer or director of the odivoration 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 in granting, or oil an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SO

REQUIRED

4-24-97

904-779-8614