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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000018766

MEDICAL EQUIPMENT ACQUISITION, INC.

l							
Principal Place	e of Business	Mail	ling Address				- 1 SOUTHOUS HER SOUTH BOTH CONTROL OF STAN SOUTH STAN
5150-6 TIMUQUANA ROAD 5150-6 TIMUQUANA ROAD							
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210						DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed
							02/29/1996
2 Principal P	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
—	iade di busilioss	26					59-3365587 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27	•				5. Certificate of Status Desired Fee Required
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country Zip C			Cou	ntry		This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
*	9. Name and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Registered Agent
					81	Name	÷ -
RAX					82	Street Add	Idress (P.O. Box Number is Not Acceptable)
	NO LAURA STREET				Ш		<u> </u>
	BARNETT CENTER				83	·	•
JAC	ksonville fl				84	City	85 Zip Code
						_	FL 1
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	es, the a	bove	e-named cor	proration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig-	ations of,	Section 607.0505, Flo	rida Stati	utes.	ше согрога:	subject to directors. Thereby accept the appointment as registered
SIGNATURE	-						
SIGNATURE	Signature, typed or printed name of registered age				Agen	t signature requir	ired when reinstating) DATE
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST		☐ DELETE	1.1 Tr			Change E Addition
NAME	MCENANY, THOMAS J			1.2 NA	ME		
STREET ADDRESS						ADORESS	
CITY-ST-ZIP	JACKSONVILLE FL			1.3 ST	REET		
TITLE				1.4 CI	TY-S1	r-ZIP	Change Cl Addition
NAME			☐ DELETE	1.4 CI 2.1 TI	TY-SI TLE	r-ZIP	☐ Change ☐ Addition
			☐ DELETE	1.4 CI	TY-SI TLE	r-ZIP	☐ Change ☐ Addition
STREET ADDRESS			DELETE	1.4 CI 2.1 TC 2.2 N/	TY-SI TLE AME	- ZIP - ADDRESS	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP				1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	TY-SI TLE AME TREET		
i			☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	TY-ST TLE AME TREET TTY-S	ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP				1.4 CI 2.1 TV 2.2 NV 2.3 ST 2.4 C 3.1 TV 3.2 NV	TY-ST TLE AME TREET TTY-S TLE AME	ADDRESS T-ZIP	
CITY-ST-ZIP				1.4 CI 2.1 TV 2.2 NV 2.3 ST 2.4 C 3.1 TV 3.2 NV	TY-ST TLE AME TREET TTY-S TLE AME	ADDRESS	
CITY-ST-ZIP TITLE NAME			☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C	TY-SI TLE AME TREET TTY-S TLE AME TREET	ADDRESS T-ZIP ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS				1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 . C 4.1 TI	TY-SI TLE AME TREET TLE AME TREET TLE TREET TLE TREET	ADDRESS T-ZIP ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N	TY-SI TLE TREET TTY-S TLE TREET TREET TREET TREET TTY-S TLE	ADDRESS T-ZIP ADDRESS T-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N	TY-SI TLE TREET TTY-S TLE TREET TREET TREET TREET TTY-S TLE	ADDRESS T-ZIP ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	TY-SI TLE TREET TITY-S TLE TREET TITY-S TLE TREET TITY-S TLE TREET	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI	TY-SI TLE AME TREET TTY-S TLE AME TREET TTY-S TLE TREET TTY-S TLE TREET	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI 5.2 N/	TY-SI TLE AME TREET TITY-S TLE AME TREET TITY-S TLE TREET TTY-S TLE TREET TTY-S TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP T ADDRESS T-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI	TY-SI TLE AME TREET TITY-S TLE AME TREET TITY-S TLE TITY-S TLE AME TREET TY-S TLE TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI	TY-SI TLE AME IREET ITY-S TLE AME IREET ITY-S TLE AME ITY-S' TLE AME ITY-S' TLE TTY-S'	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Change Addition Change Addition Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 G 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI 5.4 CI 6.1 TI	TY-SI TLE AME TREET TILE AME TREET TILE TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	☐ Change ☐ Addition ☐ Change ☐ Addition
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-26-99
Date Daytime Phone #

FILED

May 05, 1999 8:00 am Secretary of State

05-05-1999 90102 042 ***150.00