

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047341 (8) 1. Corporation Name CENTENNIAL MEDICAL EQUIPMENT, INC.			
Principal Place of Business 4506 L.B. MCLEOD RD., SUITE F ORLANDO FL 32811		Mailing Address P.O. BOX 53-6576 ORLANDO FL 32853-6576	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent SIMSER, THOMAS A JR 390 N. ORANGE AVE., SUITE 1490 ORLANDO FL 32801			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY - ST - ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY - ST - ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY - ST - ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY - ST - ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY - ST - ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY - ST - ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY - ST - ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY - ST - ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP 65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY - ST - ZIP 69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY - ST - ZIP 73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY - ST - ZIP 77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY - ST - ZIP 81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY - ST - ZIP 85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY - ST - ZIP 89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY - ST - ZIP 93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY - ST - ZIP 97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY - ST - ZIP		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>			



CR2E034 (9/96)