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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000047345

1. Corporation Name

AMBASSADOR 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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.052 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, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Stephen P. Griggs

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

GRIGGS, STEPHEN P

STREET ADDRESS

**4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811**

CITY-ST-ZIP

VP

NAME

ZIOMEK, JANET L

STREET ADDRESS

**4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811**

CITY-ST-ZIP

S

NAME

NOVELL, N. SCOTT

STREET ADDRESS

**4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811**

CITY-ST-ZIP

D

NAME

LEVIN, MARC

STREET ADDRESS

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117**

CITY-ST-ZIP

D

NAME

ELKINS, MARSHALL

STREET ADDRESS

**10065 RED RUN BLVD.
OWINGS MILLS MD 21117**

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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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)(b), 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:

N. Scott Novell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

407-841-2115