

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

**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 # P96000047354 (1)**

1. Corporation Name  
**REGENCY MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**4506 L.B. MCLEOD RD., SUITE F  
ORLANDO FL 32811**

Mailing Address  
**P.O. BOX 536576  
ORLANDO FL 32853-6576**

3. Date Incorporated or Qualified **05/28/1996**      3a. Date of Last Report  
4. FEI Number **59-3387515**      Applied For / Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**SIMSER, THOMAS A SR  
300 N. ORANGE AVE., SUITE 1400  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
81 Name **Stephen P. Griggs**  
82 Street Address (P.O. Box Number is Not Acceptable) **4506 L.B. McLeod Road**  
83 **Suite F**  
84 City **ORLANDO**      FL      85 Zip Code **32811**

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: *[Signature]*      DATE: **1/29/97**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIGGS, STEPHEN P</b>	
STREET ADDRESS	<b>4506 L.B. MCLEOD RD., SUITE F</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRISH, REBECCA R</b>	
STREET ADDRESS	<b>4506 L.B. MCLEOD RD., SUITE F</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Pres./Asst. Sec./D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Secretary/Treasurer/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *[Signature]*      DATE: **1/31/97**      (407) 841-2115  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/96)