

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

**FILED**

**Apr 30 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 # P96000069427 (8)**  
1. Corporation Name  
**DIVERSIFIED MEDICAL EQUIPMENT AND SERVICES, INC.**



Principal Place of Business: **8910 ANGLER'S POINTE DRIVE TEMPLE TERRACE FL 33637**  
Mailing Address: **8910 ANGLER'S POINTE DRIVE TEMPLE TERRACE FL 33637-1840**

3. Date Incorporated or Qualified: **08/15/1996**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **59-3398972**  
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  
21. **3225 MacDill Ave.**  
Suite, Apt. #, etc.: **S# 129-272**  
City & State: **Tampa, FL**  
Zip: **33629** Country: **U.S.**  
22. **3225 MacDill Ave.**  
Suite, Apt. #, etc.: **S# 129-272**  
City & State: **Tampa, FL**  
Zip: **33629** Country: **U.S.**

9. Name and Address of Current Registered Agent  
**KELLY, RICHARD C  
8910 ANGLER'S POINTE DRIVE  
TEMPLE TERRACE FL 33637**

10. Name and Address of New Registered Agent  
81 Name: **Steve Britt**  
82 Street Address (P.O. Box Number is Not Acceptable): **502 S. Fremont Ave #321**  
83 \_\_\_\_\_  
84 City: **Tampa** FL 85 Zip Code: **33606**

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: **Steven Britt SE** **Richard C.F.O.** DATE: **3/1/97**  
Signature by old or printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Chief Financial Officer</b>
1.3 STREET ADDRESS	<b>Steve Britt</b>
1.4 CITY - ST - ZIP	<b>502 S. Fremont Ave #321</b>
2.1 TITLE	<input type="checkbox"/> Change <input 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 REQUIRED** DATE: **3/1/97** (813) 866-0595  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/96)