


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086867 (4)
 1. Corporation Name
CCA MEDICAL EQUIPMENT, INC.



Principal Place of Business 680 E. 65 STREET HIALEAH FL 33013	Mailing Address 680 E. 65 STREET HIALEAH FL 33013
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1840 W. 49 ST. Suite 709	2a. Mailing Address 26 1840 W. 49 ST. Suite 709	3. Date Incorporated or Qualified 10/22/1996	3a. Date of Last Report N/A
22 Suite 709	27 Suite 709	4. FEI Number 65-0702546	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Hialeah, FL.	28 Hialeah, FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33012	25 U.S.A.	29 33012	30 U.S.A.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees.	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ALONSO, CARLOS JR 680 E. 65 STREET HIALEAH FL 33013		10. Name and Address of New Registered Agent	
81 Name	CARLOS ALONSO JR.		
82 Street Address (P.O. Box Number is Not Acceptable)	1840 W. 49 ST.		
83	Suite 709		
84 City	Hialeah	85 Zip Code	FL 33012

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	ALONSO, CARLOS JR	1.2 NAME	Alonso, Carlos JR.
STREET ADDRESS	680 E. 65 STREET	1.3 STREET ADDRESS	1840 W. 49 ST. Suite 709
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	VD	2.1 TITLE	VD
NAME	ALONSO, CARLOS A	2.2 NAME	Alonso, Carlos A.
STREET ADDRESS	680 E. 65 STREET	2.3 STREET ADDRESS	1840 W. 49 ST. Suite 709
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	SD	3.1 TITLE	SD
NAME	ALONSO, MIRIAM	3.2 NAME	Alonso, Miriam
STREET ADDRESS	680 E. 65 STREET	3.3 STREET ADDRESS	1840 W. 49 ST. Suite 709
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	Hialeah, FL. 33012
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **9-13-97** (205) 362-3989

CR2E034 (4/97)