

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000088043</u>			
1. Corporation Name Southern MedEquip, Inc. <u>P970000045316</u>			
Principal Place of Business 5790 Yahl Street Naples, FL 34014		Mailing Address 5790 Yahl Street Naples, FL 34014	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u>21</u>		2a. Mailing Address 26 <u>26</u>	
Suite, Apt. #, etc. 22 <u>#101</u>		Suite, Apt. #, etc. 27 <u>#101</u>	
City & State 23 <u>23</u>		City & State 28 <u>28</u>	
Zip 24 <u>34109</u>	County 25 <u>Collier</u>	Zip 29 <u>34109</u>	County 30 <u>Collier</u>
3. Date Incorporated or Qualified 5-21-97		3a. Date of Last Report N/A	
4. FEI Number <u>65-0753923</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent			
10. Name and Address of New Registered Agent			
Intrastate Registered Agent Corp. 701 Brickell Ave. Miami, FL 33131			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
81			
81 City			
85 Zip Code			
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Silawsky, Donald 5790 Yahl Street Naples, FL 34014	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Naples, FL 34109</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dennis, Karen E. 5790 Yahl Street Naples, FL 34014	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Naples, FL 34109</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>465/13</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700002525787</u> <u>-05/15/98--01085--020</u> <u>***150.00</u>
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 1a address.			
SIGNATURE: <u>Donald Silawsky</u>		4/24/98 941-597-1799	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	