FILED
Aug 09, 1999 8:00 am
Secretary of State
08-09-1999 90002 038 ***158.75
09-07-1999 90001 047 ***391.25

***AMOUNT DUE ON OR BEFORE 05/1/99 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.

PROFIT CORPORATION ANNUAL REPORT
1999

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

L 550

DOCUMENT # P98000028847

1. Corporation Name
NORTH FLORIDA MEDICAL EQUIPMENT, CORP.

Principal Place of Business	Mailing Address
3903 COUNTY RD. 141 JENNINGS FL 32053	3903 COUNTY RD. 141 JENNINGS FL 32053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 218 Lake Blvd.
22: Suite, Apt. #, etc.
23: City & State: Lake Park GA
24: Zip: 31636
25: Country

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State: GA
29: Zip
30: Country

3. Date Incorporated or Qualified: 03/24/1998

4. FEI Number: 59 3505650 ☐ 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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LACHANCE, ROBERT
3903 COUNTY RD. 141
JENNINGS FL 32053

10. Name and Address of New Registered Agent

81 Name: Robert LaChance
82 Street Address (P.O. Box Number is Not Acceptable): 3903 N.W. CR 141
83
84 City: Jennings FL 85 Zip Code: 32053

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: Robert LaChance DATE
Signature, title or status of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LACHANCE, ROBERT 20130 STAMANT DR. LAND O LAKES FL 34639	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LACHANCE, ROSALIE 20130 STAMANT DR. LAND O LAKES FL 34639	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

14. I 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: Robert LaChance June 1- 1999
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #