

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (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

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90003 002 ***150.00

DOCUMENT # P98000091781

1. Corporation Name

USA MEDICAL EQUIPMENT, SUPPLIES AND SERVICES COR
PORATION

Principal Place of Business

225 E. BAYRIDGE DRIVE
MIAMI FL 33326

Mailing Address

225 E. BAYRIDGE DRIVE
MIAMI FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

4. FEI Number

65-087-1407

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 owes the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

26 225 E. BAYRIDGE DR.

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

WESTON

City & State

28 Weston

Zip

33326

Country

25

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

MALPARTIDA, FEDERICO
225 E. BAYRIDGE DRIVE
MIAMI FL 33326
WESTON

10. Name and Address of New Registered Agent

81 Name

MALPARTIDA

82 Street Address (P.O. Box Number is Not Acceptable)

225 E. Bayridge Dr.

84 City

WESTON

FL

85 Zip Code

33326

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MELPARTIDA, FEDERICO	
STREET ADDRESS	225 E. BAYRIDGE DRIVE	
CITY-ST-ZIP	MIAMI FL 33326	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MALPARTIDA, LIDIA	
STREET ADDRESS	225 E. BAYRIDGE DRIVE	
CITY-ST-ZIP	MIAMI FL 33326	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALPARTIDA, RUBEN	
STREET ADDRESS	225 E. BAYRIDGE DRIVE	
CITY-ST-ZIP	MIAMI FL 33326	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALPARTIDA, Federico	
1.3 STREET ADDRESS	225 E. BAYRIDGE DRIVE	
1.4 CITY-ST-ZIP	WESTON FL 33326	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MALPARTIDA, Lidia	
2.3 STREET ADDRESS	225 E. BAYRIDGE DRIVE	
2.4 CITY-ST-ZIP	WESTON FL 33326	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MALPARTIDA, Ruben	
3.3 STREET ADDRESS	225 E. BAYRIDGE DRIVE	
3.4 CITY-ST-ZIP	WESTON FL 33326	
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 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:

MALPARTIDA

CR2E034 (5/99)

P98000091781
593296-90003-2

To: Department of State

From: USA MEDICAL EQUIPMENT, SUPPLIES AND SERVICES CORP.

Subject: 1999 Profit corporation annual report

My name is Federico Malpartida, my document number is P98000091781. I was charge a filing fee of \$550. I never received my first notification annual report which was a filing fee of \$150. I called the number (850) 488-9000 , they explained to me to write a letter and send the check for \$150. If there is any problems please inform me as soon as possible

Sincerelly


Federico Malpartida