

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



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

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90021 023 ***150.00

DOCUMENT # **P98000099187**
Corporation Name

UNIQUE MEDICAL EQUIPMENT & SUPPLY, INC.

Principal Place of Business Mailing Address
9500 N.W. 77 AVE. SUITE B-13 **9500 N.W. 77 AVE. SUITE B-13**
MIAMI GARDEN, FL 33016 **MIAMI GARDEN, FL 33016**

950349

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9500 N.W. 77 AVE. Suite, Apt. #, etc. B-13 City & State MIAMI GARDEN Zip 33016		2a. Mailing Address 9500 N.W. 77 AVE. Suite, Apt. #, etc. B-13 City & State MIAMI GARDEN Zip 33016		3. Date Incorporated or Qualified 11/25/1998	
		26. 9500 N.W. 77 AVE.		4. FEI Number 65-0878182	
		27. B-13		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		28. MIAMI GARDEN		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		29. 33016		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, ESTHER L.
9500 NW 77 AVE. STG. D-1 21
MIAMI GARDEN, FL 33016

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	9500 NW 77 AVE. STG. B-13
83.	
84. City	MIAMI GARDEN
85. Zip Code	FL 33016

I, 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 *Esther Hernandez* **ESTHER L. HERNANDEZ** **04/24/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. HERNANDEZ, ESTHER L.	1.2 NAME		
3. 11950 S.W. 110TH ST. CIRCLE SOUTH	1.3 STREET ADDRESS		
4. MIAMI, FL 33186 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
	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		

4. 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, with all other like empowered.

SIGNATURE: *Esther Hernandez* **04/24/2000 (305) 826-3132**
Signature and typed or printed name of signing officer or director Date Daytime Phone #