

DOCUMENT # P99000058656
1. Entity Name
W.M. Rental Medical Equipment Corp.

Principal Place of Business Mailing Address
7927 N.W. 64th St. 7927 N.W. 64th St.
Miami, FL 33166 Miami, FL 33166

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
~~Rodriguez, Guillermo~~
~~6455 N. 2nd Ave.~~
~~Miami, FL~~

7. Name and Address of New Registered Agent
Name J. Everett Wilson
Street Address (P.O. Box Number is Not Acceptable)
2151 Le Jeune Rd.
Mezzanine
City Coral Gables FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 10/20/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back).

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD Martin, Jose L. 12525 S.W. 34th St. Miami FL 33175
Delete
Delete
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *[Signature]* DATE 9/20/01

FILED
01 OCT -4 AM 8:58
SECRETARY OF STATE
DO NOT WRITE IN THIS SPACE

4. FEI Number 650610245
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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