FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:06

DOCUMENT # **S00555** **(0)**

1. Corporate Name
MED-QUIP OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
228 EAST NEW YORK AVE. SUITE 1A DELAND FL 32724 US	228 EAST NEW YORK AVE. SUITE 1A DELAND FL 32724 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1990
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 52-1709472 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
(Signature, typed or printed name of registered agent, and title, if applicable) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	GARCIA, HIRAM RIVERA	12 NAME	
STREET ADDRESS	COMERCIO #57,PL DE PONCE	13 STREET ADDRESS	
CITY ST ZIP	PONCE PR	14 CITY ST ZIP	00731
TITLE	VP	21 TITLE	☐ Change ☒ Addition
NAME	RIVERA, LUIS	22 NAME	
STREET ADDRESS	COMERCIO #57, PL DEPONCE	23 STREET ADDRESS	
CITY ST ZIP	PONCE PR	24 CITY ST ZIP	00731
TITLE	S	31 TITLE	☐ Change ☒ Addition
NAME	MOLL, ROBERT	32 NAME	
STREET ADDRESS	2891 SHENANDOAH RD.	33 STREET ADDRESS	
CITY ST ZIP	DELAND FL	34 CITY ST ZIP	32720
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 Moll 1-7-95 904-734-9178
SIGNATURE AND TYPED OR PRINTED NAME OF MOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040282 CP