

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S00555** (0)

1. Corporation Name

MED-QUIP OF CENTRAL FLORIDA, INC.



Principal Place of Business

**228 EAST NEW YORK AVE.
SUITE 1A
DELAND FL 32724
US**

Mailing Address

**228 EAST NEW YORK AVE.
SUITE 1A
DELAND FL 32724
US**

3. Date Incorporated or Qualified
09/18/1990

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

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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

Signature of Registered Agent (must be printed and dated)

Signature of Agent (must be printed and dated)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**D
GARCIA, HIRAM RIVERA
COMERCIO #57, PL DE PONCE
PONCE PR**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VP
RIVERA, LUIS
COMERCIO #57, PL DE PONCE
PONCE PR**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**S
MOLL, ROBERT
2891 SHENANDOAH RD.
DELAND FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

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