


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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S20697 (6) 1. Corporation Name TRIUMPH MEDICAL EQUIPMENT, INC.					
Principal Place of Business 407 LINCOLN RD SUITE 9C MIAMI BEACH FL 33139 US			Mailing Address 407 LINCOLN RD. SUITE 9C MIAMI BEACH FL 33139 US		
2. Principal Place of Business 21 12000 BISCAYNE BLVD Suite, Apt. #, etc. 22 400 City & State 23 Miami FL Zip 24 33181		2a. Mailing Address 26 12000 BISCAYNE BLVD Suite, Apt. #, etc. 27 400 City & State 28 Miami FL Zip 29 33181		Country 30 DADE	
9. Name and Address of Current Registered Agent ROBERT S SHAPIRO 407 LINCOLN RD SUITE 9C MIAMI BEACH FL 33139			10. Name and Address of New Registered Agent 81 Name ROBERT S. SHAPIRO 82 Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD 83 SUITE 400 84 City Miami FL 85 Zip Code 33181		
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 D NAME SHAPIRO, ROBERT S STREET ADDRESS 407 LINCOLN ROAD, SUITE 9C CITY-ST-ZIP MIAMI BEACH FL 33139 12000 BISCAYNE MIAMI FL 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/21/1990	
4. FEI Number 65-0243424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

CR2E034 (10/97)