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

APPROVED AND FILED
95 MAY -1 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S33503 (1)

1. Corporation Name
~~A-1 MEDICAL EQUIPMENT CORP~~
143 MEDICAL EQUIPMENT CORP.

Principal Place of Business	Mailing Address
2028 NW 5TH STREET MIAMI FL 33125-3404	2028 NW 5TH STREET MIAMI FL 33125-3404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business 21 701 N.W. 36TH. AVENUE	2a. Mailing Address 26 701 N.W. 36TH. AVENUE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 MIAMI - FL	City & State 28 MIAMI - FL
Zip / Country 24 33125 / 25 U.S.A.	Zip / Country 29 33125 / 30

4. FEI Number: 65-0245111 ☐ 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	10. Name and Address of New Registered Agent
RODRIGUEZ, LEONOR 2028 NW 5TH STREET MIAMI FL 33125	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 701 N.W. 36TH AVENUE 83 84 City: MIAMI FL 85 Zip Code: 33125

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	11 TITLE: D ☐ Change ☐ Addition
NAME: RODRIGUEZ, LEONOR	12 NAME: RODRIGUEZ, LEONOR
STREET ADDRESS: 2028 N.W. 5TH STREET	13 STREET ADDRESS: 701 N.W. 36TH. AVENUE
CITY ST ZIP: MIAMI FL	14 CITY ST ZIP: MIAMI - FL 33125
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

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****200.00 ****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4-21-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

0121324 CP