

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 MAR 10 AM 7:53

DOCUMENT # S36902 (2)

1. Corporation Name

KENDALL MEDICAL EQUIPMENT, CORP.

Principal Place of Business

12350 SW 132ND CT
#111
MIAMI FL 33186
US

Mailing Address

12350 SW 132 CT
#111
MIAMI FL 33186
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1991

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0258716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 4720 SE 15 Ave

2a. Mailing Address

26 4720 SE 15 Ave

Suite, Apt. #, etc.

22 Suite 204

Suite, Apt. #, etc.

27 Suite 204

City & State

23 Cape Coral, FL

City & State

28 Cape Coral, FL

Zip

24 33904

Country

25 LEE

Zip

29 33904

Country

30 LEE

9. Name and Address of Current Registered Agent

DAVIS, PATRICK
12350 SW 132 CT #111
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3909 S.W. 20 PL.

84 City

Cape Coral

FL

85 Zip Code

33914

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 must be of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3-6-95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, RICHARD
STREET ADDRESS 4720 SE 15TH AVE H204
CITY-ST-ZIP CAPE CORAL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1008 SW 21 LN
Cape Coral, FL 33991

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(k), 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Davis III
President

3-6-95 (81) 275-1555

Date

Daytime Phone #