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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 23 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44440** (3)

1. Corporation Name
HIALEAH DURABLE MEDICAL EQUIPMENT INC.

Principal Place of Business	Mailing Address
1140 W 50 ST STE 406 HIALEAH FL 33012	1140 W 50 ST STE 406 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/08/1991	02/15/1994

2. Principal Place of Business 21 1140 W 50 ST	2a. Mailing Address 26 8945 SW. 148 STREET	4. FEI Number 65-0254700	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 SUITE 207A	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 HIALEAH FL	City & State 28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33012 / 25 DADE	Zip / Country 29 33016 / 30 DADE	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
FERNANDEZ-PEDRINAN , GUILLERMO 405 W 11 ST 14 HIALEAH FL 33010	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. (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPT ☑ Change ☐ Addition
NAME	FERNANDEZ-PEDRINAN , G.	12 NAME	FERNANDEZ-PEDRINAN, GUILLERMO
STREET ADDRESS	405 W 11 ST 14	13 STREET ADDRESS	8945 W 148 STREET
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	MIAMI FL 33016
TITLE	DS	21 TITLE	DS ☑ Change ☐ Addition
NAME	FERNANDEZ-PEDRINAN , ANA M.	22 NAME	FERNANDEZ-PEDRINAN, ANA M.
STREET ADDRESS	405 W 11 S 14	23 STREET ADDRESS	8945 W 148 STREET
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	MIAMI FL 33016
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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 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: GUILLERMO FERNANDEZ 1/16/95 558-8400
MANUALLY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001469 CR