FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # S98247 **(7)**

1. Corporate Name

A.M.F. MEDICAL RENTALS, INC.

Principal Place of Business	Mailing Address
11398 WEST FLAGLER SUITE 104 MIAMI FL 33174	11398 WEST FLAGLER SUITE 104 MIAMI FL 33174

3. Date Incorporated or Qualified: 11/27/1991

3a. Date of Last Report: 12/05/1994

4. FEI Number: 65-0301625 — 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 ... Florida Statutes. Yes / No

2. Principal Office if Changed — 21, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

PEREZ, MORELLA
11570 SW 7TH ST.
MIAMI FL 33174

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: *Morella Perez* 04/30/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, JUSTINO
STREET ADDRESS	11398 W. FLAGLER #104
CITY-ST-ZIP	MIAMI FL 33174
TITLE	S
NAME	PEREZ, MORELLA
STREET ADDRESS	11398 W FLAGLER #104
CITY-ST-ZIP	MIAMI FL 33174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Change / Addition — blank)

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(1)(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: *[signature]* *Justino Perez* 4/30/95 (305) 223-1580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0100100 CP