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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4368 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

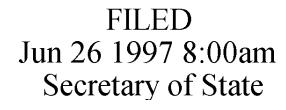
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04130

(3)

COMMUNITY MEDICAL EQUIPMENT CORP.

Mailing Address	
4050 SW 11TH TERRACE	
FT. LAUDERDALE FL 33315-35	02





		•				12/31/1991	04/23/1996	
2. Principal P	lace of Busin	riess	2a. Mailing Addro	ss		4. FEI Number	Applied For	
21			26			65-0307312	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, (etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	е		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	·		28			Trust Fund Contribution	Added to Fees	
Zip		Country	Zip	Co	untry	8. This corporation has liability for		
24		25	29	30] Yes □ No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
HUN	ME, JOHN			*	81 Name	9		
1401 UNIVERSITY DRIVE CORAL SPRINGS FL 33071					82 Street Address (P.O. Box Number is Not Acceptable)			
					Street Address (F.O. Box Number is Not Acceptable)			
	T T				83			
					04 0		lost 75 Code	
		•			84 City		FL 85 Zip Code	
11. Pursuant	to the provis	sions of Sections 607.05	02 and 607.1508, Florida	a Statutes, the	above-name	d corporation submits this statement for the p	purpose of changing its registered	
office or r	registered ag	gent, or both, in the Stat	e of Florida, Such chang	e was authorize	ed by the co	d corporation submits this statement for the p rporation's board of directors. I hereby accep	of the appointment as registered	
	IIII I B ITHIIBI W	in, and accept the obli	ganons of, Section borlo	505, Fiorida Su	atutes.			
SIGNATURE	Signature (voed	d or printed name of registered a	pont and title if applicable.	fNO1E: Register	ed Agen; signatu	re required when reinstaling)	DATE	
12.			ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P 5 F		DEL	ETE 1.1	TITLE	PSD	Change Addition	
NAME	JIMENEZ			1.2	NAME			
STREET ADORESS		FEDERAL HWY			STREET ADDRESS			
CITY-ST-ZIP		DERDALE FL			CITY-S1-ZIP			
TITLE	8	701701 CC 1 C	▼ DEL		111LE		Change Addition	
NAME	JIMENEZ	,	<u> </u>		NAME	polonge		
STREET ADDRESS		FEDERAL HIGHWAY		1	STREET ADDRESS			
CITY-ST-ZIP		ERDALE FL			CITY-ST-ZIP		35> 08	
TITLE	1,10,00	(6) (b) (b)	□ DEL		TITLE		Change Addition	
NAME				- 1	NAME			
STREET ADDRESS	ļ				stref i adoress			
	1			1	CITY-ST-ZIP			
CITY-ST-ZIP TITLE	 -		DEL		TITLE		☐ Change ☐ Addition	
NAME			_ 000		NAME			
STREET ADDRESS					NAIME STREET ADORESS			
CITY-ST-ZIP TITLE	 -		☐ DEt		CITY-ST-ZIP TITLE		Change Addition	
NAME			,		NAME		had been go and the second	
STREET ADDRESS					naivie Street address			
				# · ·				
CITY-ST-ZIP			DEŁ		CITY-ST-ZIP TITLE		Change Addition	
TITLE			0.0				Change Addition	
NAME				1	NAME			
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP		A	and the state of the state of		CITY - ST - ZIP	stated in Section 119 07(3)(i) Florida Statuto	a I further cortification 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 requirer or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or tan attachment with an address.