FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 JUL 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27139

1. Corporation Name
KARISMA MEDICAL RENTALS & SUPPLIES, INC.

Principal Place of Business: 520 Biltmore Way, Coral Gables, Fl 33134

Mailing Address: Same

3. Date Incorporated or Qualified: 04/08/1992
3a. Date of Last Report: 1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) / Suite, Apt #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0319606 — 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
Armando Hernandez
520 Biltmore Way
Coral Gables, FL 33134

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 _____ DATE _____
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Mario Mena 8278 NW 103th St. Hialeah, FL 33016 ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001907823 -07/30/96--01014--002 ****225.00 ****225.00
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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; 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: _____ (Mario Mena) 7/26/96 (305)825-3510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #