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 JAN 20 PM 4:02

DOCUMENT # V48666 (4)

1. Corporation Name
J & D MEDICAL EQUIPMENT CO.

Principal Place of Business	Mailing Address
692 29 STREET STE. #2 10 HIALEAH FL 33012	~~1430 W. 49TH ST.~~ ~~290~~ ~~HIALEAH FL 33012~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/08/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0345208	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 692 W. 29 St #10
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10
City & State 23	City & State 28 Hialeah, FL.
Zip 24 / Country 25	Zip 29 33012 / Country 30 USA

9. Name and Address of Current Registered Agent

JOREJON, JUANA MARIA
1430 W. 49TH ST., #290
UNIT E
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 692 W. 29 St #10
83
84 City: Hialeah FL 85 Zip Code: 33012

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's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D. ☒ Change ☐ Addition
NAME	MOREJON, JUANA MARIA	12 NAME	
STREET ADDRESS	~~1695 W. 39TH PLACE, # E~~	13 STREET ADDRESS	692 W. 29 St #10
CITY-ST-ZIP	~~HIALEAH FL~~	14 CITY-ST-ZIP	Hialeah, FL. 33012
TITLE	DST	21 TITLE	D/S/T. ☒ Change ☐ Addition
NAME	SANCHEZ, DANIA	22 NAME	
STREET ADDRESS	~~1430 W. 49TH ST., #290~~	23 STREET ADDRESS	692 W. 29 St #10
CITY-ST-ZIP	~~HIALEAH FL~~	24 CITY-ST-ZIP	Hialeah, FL. 33012
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 added above.

SIGNATURE: ✓ _____ 1-12-95 305 887 4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0061207 CP