FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V52090 (0)

1. Corporation Name

TLC MEDICAL EQUIPMENT CORP.

Principal Place of Business: 1555 E. 4 AVE. HIALEAH FL 33010

Mailing Address: 3400 CORAL WAY SUITE 600 MIAMI FL 33145-3053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1992

3a. Date of Last Report: 04/29/1994

4. FEI Number: 65-0346082 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

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	10. Name and Address of New Registered Agent
ECHEMENDIA, TERESA 1555 E. 4 AVE. HIALEAH FL 33010	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	ECHEMENDIA, TERESA	1555 E. 4 AVE.	HIALEAH FL
VD	CAMPOS, ARMANDO	1555 E. 4 AVE.	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 the 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: Armando Campos 4-10-95 (305) 446-2055

0188880 CP