

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:33

DOCUMENT # **V72471** (8)

1. Corporation Name  
**PREMIER MEDICAL EQUIPMENT INC.**

Principal Place of Business Mailing Address  
**7561 S.W. 109TH PLACE MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/20/1992** 3a. Date of Last Report **02/01/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **4143 S.W. 74 CT.** 26 **4143 S.W. 74 CT.**

4. FEI Number **65-0363622** Applied For Not Applicable

22 **SUITE C** 27 **SUITE C**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **MIAMI FLORIDA** 28 **MIAMI FLORIDA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33155** 25 **DADE** 29 **33155** 30 **DADE**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARTINEZ, ISABEL**  
**7561 S.W. 109TH PLACE**  
**MIAMI FL 33173**

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# \_\_\_\_\_ (NOTE: Registered Agent Signature Required After Registration)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD                    | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTINEZ, ISABEL      | 12 NAME   |   |
| STREET ADDRESS             | 7561 S.W. 109TH PLACE | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | MIAMI FL              | 14 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 22 NAME   |   |
| STREET ADDRESS             |                       | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 24 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 32 NAME   |   |
| STREET ADDRESS             |                       | 33 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 34 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 42 NAME   |   |
| STREET ADDRESS             |                       | 43 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 44 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 52 NAME   |   |
| STREET ADDRESS             |                       | 53 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              |                       | 54 CITY, ST, ZIP                                      |   |
| TITLE                      |                       | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 claims not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information included 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: *Isabel Martinez Esner Martinez* 1-13-95 (305) 265-4304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR