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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

MENT # \/79471

(8)

DOCUMENT # 1. Corporation Name

PREMIER MEDICAL EQUIPMENT INC.

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	e of Business	Mailing Address			1 18511 811811 1981 \$ 11811 19811 1981		
4143 SW 74 CT		4143 SW 74 CT					
C Miami Fl ## %%		C Miami FL 33155	C Miami FL 33155		A Database and a Control	Ta 6	
US		U\$			3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Re 01/18/19	
	Place of Business	2a. Malling Address			4. FEI Number		Applied For
1		26			65-0363622		Not Applicable
Suite, Apit. 2	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	Additional Required
City & Stat	ite:	City & State	- 16 1/4		6. Election Campaign Financing	\$5.0	O May Be
3		28			Trust Fund Contribution		d to Fees
$Z_{\rm P}$	Country	Zip	· · ,		8. This corporation has liability for intangible tax under s. 199.032,		199.032,
	25	[29]	[30]			. □ No	
	9. Name and Address of Cur	rrent Registered Agent	81	Name	10. Name and Address of New F	legistereo Agent	
MADTI	INICZ ICADEI			l ". " .		·	
	inez, isabel S.W. 109th Place		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
	FL 33173		83		W 774 AMARIA - AMARA AMARIA MARIA		
			84			احدا عدا	n Cod-
			64	City		FL 85 Zi	p Code
12.	Such by to principle directly steads OFFICERS	agest and stellt application. (N AND DIRECTORS	OIL Flegistered Ager	nt signature required		DATE	DC IN 40
2.	OFFICERS	AND DIRECTORS					
1.1	Pn	C) DELETE			ADDITIONS/CHANGES TO OFF		· · · · · · · · · · · · · · · · · · ·
	PD MARTINEZ, ISABEL	DELETE	1 1 TULE 1 2 NAME		ADDITIONS/CHANGES TO OFF	Change	· · · · · · · · · · · · · · · · · · ·
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4. I do hereby certify that the information supplied with this filting 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 cettry that I am an office: 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

Rause Drue Thank MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/76 305/265-4304