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

APPROVED AND FILED
95 MAY -1 PM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V73653 (0)

1. Corporation Name
HEALTH PROFESSIONAL EQUIPMENTS & SUPPLIES, INC.

Principal Place of Business	Mailing Address
10190 BRANDON CIR ORLANDO FL 32636	10190 BRANDON CIR ORLANDO FL 32636

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3148609 ☐ 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	7736 WINDBREAK RD	26	7736 WINDBREAK RD
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State: ORLANDO	28	City & State: ORLANDO
24	Zip: 32819	29	Zip: 32819
25	Country: ORANGE	30	Country: ORANGE

9. Name and Address of Current Registered Agent

MARIREZ, JOSE LUIS
10190 BRANDON CIR
ORLANDO FL 32636

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7736 WINDBREAK RD
83
84 City ORLANDO FL 85 Zip Code 32819

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMIREZ, JOSE L
STREET ADDRESS	10190 BRANDON CIR
CITY ST ZIP	ORLANDO FL
TITLE	D
NAME	OBERG, RENIR C
STREET ADDRESS	10190 BRANDON CIR
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Pres.	☑ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	7736 WINDBREAK RD	
1 4 CITY ST ZIP	ORLANDO FL. 32819	
2 1 TITLE	Sec.	☑ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	7736 WINDBREAK Rd	
2 4 CITY ST ZIP	ORLANDO FL. 32819	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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)(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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 Date

Daytime Phone #

0006180 CP