	TICE: CORF	PORATION DRE 09/30/98:	WILL BE DISS \$550 (IF DISSOLV	OLVED ON OR AFT	ER SEPTI	EMBER 30, 199 ISTATE: \$750).	<sup>98.</sup> F	ILED	
	PROFIT RPORATIO	DN		FLORIDA DEI		•	Jul 23 19	998.8:	:00am
ANNUAL REPORT				Secretary of State			Secretary of State		
				DIVISION OF CORPORATIONS					
1. Corporation	MENT : In Name	# <b>"</b> P9	700002	26442 (8)					
MEDICA	L EQUIPM			CIALISTS, INC					
								NANA ANG ANG ANAN G	
Principal Place of Business 5333 NW 58 TERRACE CORAL SPRINGS FL 83067				Mailing Address 5333 NV 58 TERRACE CORAL SPRINGS FL 33067					
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
	. Principal Place of Business			2a. Malling Address			03/20/1997 4. FEI Number		Applied For
21 Sulte, Apt.	# etc		2(	26 Suite, Apt. #, etc.			65-0739151		Not Applicable
22			27	· · · · ·			5. Certificate of Status Desired	+	5 Additional Required
City & Stat	le 		28	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24	2	Country	29	Zip	Cou 30	intry	8. This corporation owes or has paid Personal Property Tax due June 3		Intangible No
			s of Current Reg				10. Name and Address of New Reg		
	30 <b>vern</b> , jei 3 NW <b>6</b> 8 Tef					81 Name		<del></del>	
	AL SPRINGS		7			82 Street Add	ress (P.O. Box Number Is Not Acceptable	)	
						83			
						84 City		FI 85 Z	p Code
	TBOISTBORD HOP	an or cean i	in the state of Fir	607.1508, Florida Statu orida. Such change was of, section 607.0505, f		ove-named corpo	oration submits this statement for the purpo ion's board of directors. I hereby accept th		
agent. 1	am familiar wit	h, and acce	in the state of Fir	of, section 607.0505, f	lorida Stat	ove-named corpo d by the corporat utes.	ion's board of directors. I hereby accept th	FL bse of changing its be appointment as	registered registered
signature	Signalum, typed or	nt, or both, h, and acce printed name of OFf	pl the obligations	of a Such change wat of, section 607.0505, f lie if applicable. (RECTORS	NOTE: Register	ove-named corpo by the corporat utes.	pration submits this statement for the purpo ion's board of directors. I hereby accept th jurred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	registered registered
SIGNATURE	Signalum, typed or	printed name of $DENT$	registered agent and the FICERS AND DIF	of da . Such change Wat of, section 607.0505, f le if applicable. ( RECTORS	S authorized Florida Stat NOTE: Register 13.	ove-named corpo 1 by the corporat utes. red Agent signature rec LE	uon's board of directors. I hereby accept th	DATE	registered registered TORS IN 12
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