09/13/01-90047-014-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764635

1. Entity Name

FLORIDA ASSOCIATION OF MEDICAL EQUIPMENT SERVICE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 27 AM 10:01

Principal Place of Business	Mailing Address
3203 LAWTON RD. SUITE 100 ORLANDO FL 32803	3203 LAWTON RD. SUITE 100 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2156205 ☑ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSS, W. E JR 3657 MAGUIRE BLVD STE. 150 ORLANDO FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEELEY, BRIAN 1278 OCEAN BLVD ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT CROSS, JOAN 2801 MANATEE AVE. W BRADENTON FL 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LIGHTENSTEIN, BOB 2131 HOLLYWOOD BLVD HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CROSS, JOAN 7300 MANATEE AVE W BRADENTON FL 34209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT BOWARDS, BRENT 7401 114TH AVE. N, #501 LARGO FL 33773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUTLEDGE, BILL 5341 GRAND BLVD. NEW PORT RICHEY FL 34657	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER WHARTON, JIM 1417 SAN MARCO BLVD. JACKSONVILLE FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EXECUTIVE DIRECTOR ALLAN, HEATHER 3203 LAWTON RD. SUITE 100 ORLANDO FL 32803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heather E. Allan HEATHER E. ALLAN 9/4/01 407-895-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$10/2