

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J79815

1. Entity Name

NATIONAL MEDICAL EQUIPMENT CENTERS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90028 021 ***150.00

Principal Place of Business

Mailing Address

4506 LB MCLEOD RD
STE F
ORLANDO FL 32811

P.O. BOX 536576
ORLANDO FL 32853-6576

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

59-2874381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 LB MCLEOD RD STE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LEVIN, MARC
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE
NAME
STREET ADDRESS 910 Ridgebrook Road
CITY-ST-ZIP Sparks, MD 21152 ☒ Change ☐ Addition

TITLE D
NAME ELKINS, MARSHALL
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE
NAME
STREET ADDRESS 910 Ridgebrook Road
CITY-ST-ZIP Sparks, MD 21152 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

N. Scott Novell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Scott Novell

Date

2/14/00

Daytime Phone #

407-841-2115

CR2E034 (9/99)