

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90028 029 ***150.00

DOCUMENT # P00000079242

1. Entity Name
EASTERN MEDICAL EQUIPMENT DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

~~STEPHEN G WILLIAMS~~ ~~STEPHEN G WILLIAMS~~
~~2650 NE 52ND ST~~ ~~2650 NE 52ND ST~~
~~LIGHTHOUSE POINT FL 33064 7052~~ ~~LIGHTHOUSE POINT FL 33064 7052~~

2. Principal Place of Business 3. Mailing Address

1625 W. McNab Road **1625 W. McNab Road**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pompano Beach FL **Pompano Beach FL**

4. FEI Number Applied For

65-1031899 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

MARCO, JAMES L
4400 NE 25TH AVENUE
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1625 W McNab Rd
 City **Pompano Beach** **FL** Zip Code **33069**

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]* *[Signature]* DATE **4/10/02**

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

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, 2002 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	PSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNECHIARICO, RONALD SR	NAME	
STREET ADDRESS	1505 N RIVERSIDE DR #1206	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO, JAMES L	NAME	
STREET ADDRESS	4400 NE 25TH AVE	STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* **RONALD ANNECHIARICO, SR., PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4-04-02 (954) 788-8008**

Signature Date Daytime Phone #

CR2E034 (9/01)