

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90029 045 \*\*\*150.00

DOCUMENT # **P97000047859**

1. Entity Name

**Neighborhood Medical Equipment, Inc.**

Principal Place of Business

**5951 NW 151 St  
 Bay 37  
 Miami Lakes FL 33014  
 US**

Mailing Address

**5951 NW 151 St  
 Bay 37  
 Miami Lakes FL 33014  
 US**

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 **65-0755859**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**45751**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Garcia Carlos  
 5951 NW 151 St Bay 37  
 Miami Lakes FL 33014**

7. Name and Address of New Registered Agent

Name **Fuentes Gipsy**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5951 NW 151 St  
 Bay 37**  
 City **Miami Lakes** FL Zip Code **33014**

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

*Gipsy Fuentes*

**04/16/01**

Signature, type 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 15 2001 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Garcia Carlos</b>	
STREET ADDRESS	<b>5951 NW 151 St # 37</b>	
CITY-ST-ZIP	<b>Miami Lakes FL 33014</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D/As</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fuentes Gipsy</b>	
STREET ADDRESS	<b>5951 NW 151 St # 37</b>	
CITY-ST-ZIP	<b>Miami Lakes 33014</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Gipsy Fuentes*

**04/16/01 (303) 556-0610**