

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90125 031 ****61.25

DOCUMENT # 764635

1. Entity Name

**FLORIDA ASSOCIATION OF MEDICAL EQUIPMENT SERVICE
 S, INC.**

Principal Place of Business

Mailing Address

3203 LAWTON RD.
 SUITE 100
 ORLANDO FL 32803

3203 LAWTON RD.
 SUITE 100
 ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 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
**DP
 CROSS, JOHN
 2801 MANATEE AVE W
 BRADENTON FL 34209** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT
 JOAN CROSS
 2801 MANATEE AVE W
 BRADENTON FL 34209** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 LIGHTENSTEIN, BOB
 2131 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE PRESIDENT
 JOHN STELZNER
 4513 COUNTRY GATE COURT
 VALRICO FL 33594** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DV
 SOWARDS, BRENT
 7401 114TH AVE N #501
 LARGO FL 33773** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 WHORTONS, JIM
 1417 SAN MARCO BLVD
 JACKSONVILLE FL 32207** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TREASURER
 RAUL LOPEZ
 2694 SW 87TH AVE
 MIAMI FL 33165** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ED
 ALLAN, HEATHER
 3203 LAWTON RD, SUITE 100
 ORLANDO FL 32803** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

[Handwritten Signature]

8/16/02

407-895-5573

CR2E037 (4/02)