2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) H45586 **DOCUMENT#** 1. Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90151 039 ***150.00

WHEELCHAIR SALES AND SERVICE, INC.														
	ce of Business LAND PK BLVD 33351	Mailing Address 8469 W. OAKLAND PK BLVD SUNRISE FL 33351												
Principal Place of Business 3. Mailing A				ng Address				1100001	1111 11 53 1 1111		11. 616 11 8 1	ele ale le elek		111
Suite, Apt. #, etc.			Suite, Apt. #, etc.							. DEDE IE				
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City & Stat	te		City 8	& State			'	1. FEI Numbe	* 59 - 253	9190		⊢ ~+	Applied Fo	
Zip	Countr	У	Zip		Cour	ntry		5. Certificate	of Status De	esired		\$8.75 A	dditional	
	6. Name and Add	ress of Current	Registered	l Agent	<u>. </u>		7	. Name and	Address o	New Reg	istered	Agent		
ROTHMAN	I RONA					Name			•					
	DAKLAND PK BLVD					Street A	ddress (P.C). Box Numbe	r is Not Acc	eptable)				
SUNRISE												·		
						City					FL	Zip Co	ode	\rightarrow
	e named entity submits		the purpo	se of changing its	register	ed office or	registered	agent, or bot	h, in the Sta	te of Florid			n, and acc	ept
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SIGNATURE	Signature, typed or printed nar	me of registered agent a	nd title if applic	cable. (NOT	E: Registere	d Agent signatu	re required who	en reinstating)			DATE			}
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Rona Kothman

SIGNATURE: