

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 019 ****50.00

DOCUMENT # L02000009157

1. Entity Name

ST. AUGUSTINE MEDICAL EQUIPMENT, LLC



Principal Place of Business

**925 BAYSIDE BLUFF RD.
JACKSONVILLE FL 32259**

Mailing Address

**925 BAYSIDE BLUFF RD.
JACKSONVILLE FL 32259**

2. Principal Place of Business

1797 Old Moultrie Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

4. FEI Number

01-0679219

Applied For

Not Applicable

Zip

32086

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TANTON, DANNY
925 BAYSIDE BLUFF RD.
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **Brian S. Kaman**
STREET ADDRESS **516 Willowbrook Street**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **MGRM** ☐ Delete
NAME **Danny D. Tanton**
STREET ADDRESS **925 Bayside Bluff**
CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE **MGRM** ☐ Delete
NAME **Joseph P. Burghardt**
STREET ADDRESS **1437 Hopkins Creek Lane**
CITY-ST-ZIP **Neptune Bch, FL 32266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

3/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)