

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L23647
1. Entity Name
Johnson Medical Equipment, INC.

FILED

00 OCT 24 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10300 Sunset Dr. #275F
Miami, FL 33173

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

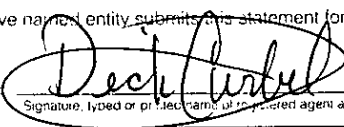
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dick Curbelo
10300 Sunset Dr. #275F
Miami, FL 33173

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

SIGNATURE  (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 1, 2000 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	<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		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE Daytime Phone #

JOHNSON MEDICAL EQUIPMENT, INC.
DOC.# L23647

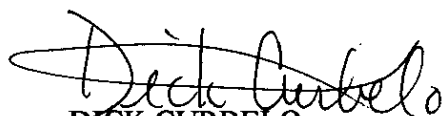
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

I HAVE ENCLOSED THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK TO THE FLORIDA DEPARTMENT OF STATE IN ORDER TO PUT THE ABOVE MENTION IN ITS CURRENT STATUS.

I INFORM YOU THAT LAST YEAR I HAD A CHANGE OF ADDRESS WAS TOWARDS THE END OF DECEMBER AND THEN AGAIN IN THE BEGINNING OF THE YEAR AROUND MID JANUARY AND THIS IS PROBABLY WHY I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. I WOULD REALLY APPRECIATE YOUR HELP IN PUTTING THIS CORPORATION IN ITS CURRENT STATUS WHICH IS VERY IMPORTANT TO ME.

IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

SINCERELY,


DICK CURBELO
PRESIDENT