

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000330

1. Entity Name

ABEL MEDICAL EQUIPMENT AND SUPPLY COMPANY, L.C.

Principal Place of Business

Mailing Address

2313 OKKECHOBEE RD  
FT. PIERCE, FL 34950

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

65-0440360

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY 11 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH A. JACKSON  
2301 OKKECHOBEE RD  
FT. PIERCE, FL 34950

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

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 Department of State

300004303599-1  
-06/08/01--01053--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PD  
NAME SIANO, DOMINIC  
STREET ADDRESS 10215 MIAMI AVE  
CITY-ST-ZIP FT. PIERCE, FL 34949 ☐ Delete

TITLE VP  
NAME KENNETH A. JACKSON  
STREET ADDRESS 2301 OKKECHOBEE RD  
CITY-ST-ZIP FT. PIERCE, FL 34950 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #