2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900001627 1. Entity Name DURACARE MEDICAL EQUIPMENT, L.C.			DIVISION OF CORPORATIONS 00 FEB 14 PH 2: 21		
Principal Plac	e of Business	Mailing Address		74 PH 2: 2.	
		1411 SE 10TH STREET CAPE CORAL FL 33990-3	1805	2.21	
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	θ	City & State		4. FEt Number Applied	d For plicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Specificate Specifica	al
	6. Name and Address of Currer	nt Registered Agent.	Name	7. Name and Address of New Registered Agent	
TRUXTON, GREGG S BOLANOS, TRUXTON & YOUNG, P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134			Street Addres	ss (P.O. Box Number is Not Acceptable)	
)			
		City	FL Zip Code		
	Signature, typed or printed name of registered age		E. Registered Agent signature requ	turred when reinstating) DATE	
SIGNATURE .	Signature, typed or printed name of registered age	FLE No.	E. Registered Agent signature requirements OW!!! FEE IS \$50.0 Iyable to Department	purred when reinstating) DATE DO out of State	<u> </u>
SIGNATURE .	Signature, typed or printed name of registered age MANAGING MEM	FILE No. Make Check Pa	E. Registered Agent signature requipment OW!!! FEE IS \$50.0 lyable to Department	DATE DOI It of State ADDITIONS/CHANGES	Addition
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