

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020163 AF

DOCUMENT # L99000001627

1. Entity Name

DURACARE MEDICAL EQUIPMENT, L.C.

FILED

01 APR 25 PM 5:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1411 SE 10TH STREET  
CAPE CORAL FL 33990

Mailing Address

1411 SE 10TH STREET  
CAPE CORAL FL 33990

2. Principal Place of Business

6182 Idkwild St

3. Mailing Address

PO Box 61556

Suite, Apt. #, etc.

FT Myers FL

Suite, Apt. #, etc.

FT Myers FL

City & State

City & State

Zip 33912

Country USA

Zip 33906

Country USA

4. FEI Number

65-0904508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TRUXTON, GREGG S  
BOLANOS, TRUXTON & YOUNG, P.A.  
2121 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES FL 33134

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

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**

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME RUSSELL, BRUCE C  
STREET ADDRESS 1411 SE 10TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGR  
NAME Russell, Bruce C.  
STREET ADDRESS 6182 Idkwild St  
CITY-ST-ZIP FT Myers, FL 33912 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
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

4-23-01

Date

941-791-4000

Daytime Phone #

CR2E083 (11/00)