

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-25-2002 90007 043 ****50.00

DOCUMENT # L99000001627

1. Entity Name

DURACARE MEDICAL EQUIPMENT, L.C. ✓

Principal Place of Business

Mailing Address

6182 IDLEWILD ST
 FT MYERS FL 33912

6182 IDLEWILD ST
 FT MYERS FL 33912

86656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0904508

Applied For

Not Applicable

Zip

Country

Zip

Country

FT MYERS FL

33906

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Name **Bolanos Truxton, + Young PA**

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive, Ste 340

City **FT MYERS**

FL Zip Code **33907**

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

Gregg S Truxton

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME **MGR RUSSELL, BRUCE C** Delete
 STREET ADDRESS **9182 IDLEWILD ST**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE NAME Change Addition
 STREET ADDRESS **6182 Idlewild St**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Change Addition
 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: *Bolanos Truxton, + Young*

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

4-15-02

Date

941-781-4000

Daytime Phone #

CR2E083 (9/01)