

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003788

1. Entity Name

MEDICAL EQUIPMENT GROUP, L.L.C.

FILED

00 JAN 19 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4501 107TH CIRCLE NORTH, SUITE 3  
CLEARWATER FL 33762

Mailing Address

4501 107TH CIRCLE NORTH, SUITE 3  
CLEARWATER FL 33762-5039

2. Principal Place of Business

6008 Bonacker Dr  
Suite, Apt. #, etc.

3. Mailing Address

6008 Bonacker Dr  
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3586615

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33610

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONNOLLY, JAMES B  
2981 SANDPIPER PLACE  
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name: James B Connolly  
Street Address (P.O. Box Number is Not Acceptable): 4412 NW 93rd Ave  
City: Gainesville FL Zip Code: 32653

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

1/16/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGRM  
NAME: CONNOLLY, JAMES B  
STREET ADDRESS: 2981 SANDPIPER PLACE  
CITY-ST-ZIP: CLEARWATER FL 33762 ☐ Delete

TITLE: MGRM  
NAME: PRITCHARD, CATHY L  
STREET ADDRESS: 4219 MOORES LAKE ROAD  
CITY-ST-ZIP: DOVER FL 33527 ☐ Delete

TITLE: MGRM  
NAME: PRITCHARD, JOHN C II  
STREET ADDRESS: 2302 KENWICK DR.  
CITY-ST-ZIP: VALRICO FL 33594 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGRM  
NAME: Connolly James B  
STREET ADDRESS: 4412 NW 93rd Ave  
CITY-ST-ZIP: Gainesville FL 32653 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: 000003112300-3  
STREET ADDRESS: -01/27/00--01015--016  
CITY-ST-ZIP: \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/16/2000

813  
627-3215