

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006105
1. Entity Name
 PLATINUM HEALTHCARE EQUIPMENT, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 29 AM 11:02




Principal Place of Business Mailing Address
 P.O. BOX 211 P.O. BOX 211
 MORTON GROVE IL 60053 MORTON GROVE IL 60053

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 36-4304430 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
 SHERIDAN, STEVE
 800 S ORLANDO AVE
 SUITE 100
 MAITLAND FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUELLER, PHILIP 5616 CRAIN MORTON GROVE IL 60053 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10/05/00-01022-003
 *****50.00 *****50.00

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: Philip A. Mueller **REQUIRED** 9/25/00 312-849-5653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)