

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006105

1. Entity Name  
PLATINUM HEALTHCARE EQUIPMENT, LLC

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

Mailing Address  
P.O. BOX 211  
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

700004418797--2  
-06/14/01--01006--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MUELLER, PHILIP  
5616 CRAIN  
MORTON GROVE IL 60053 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Noel Duquette ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Former CEO  
Noel Duquette  
526 Bryne Drive  
BARRIE, ON CANADA L4N 9P6 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Joe Bailey  
526 Bryne Drive  
BARRIE, ON CANADA L4N 9P6 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

*Phil A Mueller*

5-1-01

847-583-1922

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

Date

Daytime Phone #

CR2E083 (11/00)

0029620 AF

FILED

2001 MAY 10 AM 8:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE