

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90008 006 ****50.00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

322 SHADOW BAY BLVD

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

USA

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Delete
NAME **CEO**
STREET ADDRESS **DUQUETTE, NOEL**
CITY-ST-ZIP **526 BRYNE DR
BARRIE ON CANADA L4N9P-6**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BAILEY, JOE**
CITY-ST-ZIP **526 BRYNE DR
BARRIE ON CANADA L4N9P-6**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MGRM**
STREET ADDRESS **SMITH, RANDALL**
CITY-ST-ZIP **322 SHADOW BAY BLVD.
LONGWOOD, FLORIDA 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Philip F. Mueller
PHILIP F. MUELLER

2/17/02 847-583-1922

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

Date

Daytime Phone #

CR2E083 (9/01)