

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96175

1. Entity Name

MEDICAL EQUITY LEASING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90071 008 ***150.00

Principal Place of Business

Mailing Address

3594 SO OCEAN BLVD
SUITE 306
HIGHLAND BEACH FL 33487

3594 SO OCEAN BLVD
SUITE 306
HIGHLAND BEACH FL 33441-5146

2. Principal Place of Business

4001 NO. Ocean Blvd

Suite, Apt. #, etc.
Suite 100

City & State
Boca Raton FL

Zip Country
33431 USA

3. Mailing Address

4001 NO. Ocean Blvd

Suite, Apt. #, etc.
Suite 100

City & State
Boca Raton FL

Zip Country
33431 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2906796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANOWITCH, HAROLD
3594 SO OCEAN BLVD
SUITE 306
HIGHLAND BEACH FL 33487

Name
SAME

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

4001 NO. Ocean Blvd.

Suite 100

City Boca Raton

FL

Zip Code
33431

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 *Harold Yanowitch*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS YANOWITCH, BEVERLY 3594 SO OCEAN BLVD #306 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANOWITCH, HAROLD 3594 SO OCEAN BLVD #306 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Yanowitch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)