

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000511

1. Entity Name

FLORIDA MEDICAL EQUIPMENT SERVICES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business

9770 16TH STREET NORTH
ST. PETERSBURG FL 33716

Mailing Address

9770 16TH STREET NORTH
ST. PETERSBURG FL 33716-4210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2455550
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCONKEY, RODNEY
9770 16TH STREET NORTH
ST. PETERSBURG FL 33716

MGRM

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
NAME LENNON, ROBERT W
STREET ADDRESS 4071 PARAN POINTE DRIVE
CITY- ST- ZIP ATLANTA GA 30327 ☐ Delete

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

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

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

10. ADDITIONS/CHANGES

TITLE NAME CEO/COO
NAME Rodney McConkey MGRM
STREET ADDRESS 9770 16th Street N.
CITY- ST- ZIP St. Petersburg FL 33716 ☐ Change ☒ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY- ST- ZIP 100003127561--2
-02/08/00--01084--015
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE NAME
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:

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

RODNEY McConkey 1/5/00 727-576-2828
MGRM

Date

Daytime Phone #