

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000000511

FILED
Jan 03, 2003
Secretary of State

Entity Name: FLORIDA MEDICAL EQUIPMENT SERVICES, L.L.C.

Current Principal Place of Business:

9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 58-2455550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ROB P
9770 16TH STREET NORTH
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LENNON, ROBERT W
Address: 4071 PARAN POINTE DRIVE
City-St-Zip: ATLANTA, GA 30327

Title: MGRM () Delete
Name: MILLER, ROB A
Address: 9770 16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MILLER, ROB P
Address: 9770 16TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROB P MILLER

MGMR

01/03/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date