

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000057519**

1. Entity Name

**PREMIER MEDICAL EQUIPMENT INC.****FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90141 040 \*\*\*550.00

0040213 AV

Principal Place of Business

**775 NORTH EAST 79TH STREET #E**  
**MIAMI FL 33138**

Mailing Address

**775 NORTH EAST 79TH STREET #E**  
**MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1018846**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROBAINA, DORA****7975 HAWTHORNE AVE.****MIAMI BEACH FL 33141**

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)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**PD**  
**ROBAINA, DORA**  
**7975 HAWTHORNE AVE.**  
**MIAMI BEACH FL 33141**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)