

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 01, 2003 8:00 am
Secretary of State

04-11-2003 90114 038 ***150.00

DOCUMENT # P02000021452

1. Entity Name

ALL AMERICAN MEDICAL EQUIPMENT, INC.



Principal Place of Business
**1300 A EAST AVENUE NORTH
SARASOTA FL 34237**

Mailing Address
**1300 A EAST AVENUE NORTH
SARASOTA FL 34237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

72-1521014

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

**COLE, KARIN
3312 SOUTH SECLUSION DR.
SARASOTA FL 34239**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PATRICIA RABER** ☐ Delete
NAME
STREET ADDRESS **3312 S SECLUSION DR**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **MICHAEL SARGENT** ☐ Delete
NAME
STREET ADDRESS **3324 S. SECLUSION DR**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **KATHY SARGENT** ☐ Delete
NAME
STREET ADDRESS **3324 S SECLUSION DR**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **KARIN COLE** ☐ Delete
NAME
STREET ADDRESS **3312 S SECLUSION DR**
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE **JOSEPH GAZMAN** ☐ Delete
NAME
STREET ADDRESS **PO BOX 14099**
CITY-ST-ZIP **SARASOTA, FL 34278**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRES** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KARIN COLE **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03
Date

941-955-5399
Daytime Phone #

CR2E034 (10/02)