

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000054437

FILED
Apr 09, 2003
Secretary of State

Entity Name: THE HOME MEDICAL EQUIPMENT COMPANY OF SOUTH FLORIDA

Current Principal Place of Business:

340 GIRALDA AVE., APT. 817
CORAL GABLES, FL 33134

New Principal Place of Business:

311 ALTAMONTE COMMERCE BLVD.
SUITE 1606
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

340 GIRALDA AVE., APT. 817
CORAL GABLES, FL 33134

New Mailing Address:

311 ALTAMONTE COMMERCE BLVD.
SUITE 1606
ALTAMONTE SPRINGS, FL 32714

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUTTENMACHER, EDWARD P ESQ.
2600 DOUGLAS RD., PENTHOUSE 8
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CABRERA, EDWARD
900 BAY DRIVE
1024
MIAMI BEACH, FL 33141 US

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: EDWARD CABRERA

04/09/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE LEON, HELIODORO
Address: 340 GIRALDA AVE., APT. 817
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CABRERA, EDWARD
Address: 900 BAY DRIVE, #1024
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Change (X) Addition
Name: OZKAN, TANYA C
Address: 7916 SOUTH PARK PLACE
City-St-Zip: ORLANDO, FL 32819

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD CABRERA

D

04/09/2003

Electronic Signature of Signing Officer or Director

Date