

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000085633**1. Entity Name
CONSOLIDATED/PAVILION MEDICAL EQUIPMENT, INC.Principal Place of Business
C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207 USMailing Address
C/O WILLIAM C. MASON
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32207 US2. Principal Place of Business
C/O HARVEY GRANGER
Suite, Apt. #, etc.
1325 SAN MARCO BLVD., SUITE 9023. Mailing Address
C/O HARVEY GRANGER
Suite, Apt. #, etc.
1325 SAN MARCO BLVD., SUITE 902City & State
JACKSONVILLE FLCity & State
JACKSONVILLE FLZip
32207 Country
USZip
32207 Country
US4. FEI Number
59-3214043
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGRANGER HARVEY
GENERAL COUNSEL
1301 RIVERPLACE BLVD., SUITE 1700
JACKSONVILLE FL 32202 US**7. Name and Address of New Registered Agent**Name
GRANGER HARVEY
Street Address (P.O. Box Number is Not Acceptable)
1325 SAN MARCO BLVD., SUITE 902
SUITE 902
City
JACKSONVILLE FL Zip Code
32207

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 **HARVEY GRANGER****04/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DTAS ☐ Delete
PERRY LINDA
STREET ADDRESS
1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE
NAME DTAS ☒ Change ☐ Addition
PERRY LINDA
STREET ADDRESS
1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE
NAME S ☐ Delete
JACKSON REBECCA B.
STREET ADDRESS
1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE
NAME S ☒ Change ☐ Addition
JACKSON REBECCA B.
STREET ADDRESS
1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE
NAME V ☐ Delete
WHORTON JAMES H.
STREET ADDRESS
1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE
NAME DV ☒ Change ☐ Addition
THOMPSON CAROL C
STREET ADDRESS
1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE
NAME DV ☐ Delete
PERRY KENNETH C.
STREET ADDRESS
1301 RIVERPLACE BLVD. SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE
NAME DV ☒ Change ☐ Addition
PERRY KENNETH C
STREET ADDRESS
1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE
NAME DP ☐ Delete
PARRETT DONALD O.
STREET ADDRESS
1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE FLTITLE
NAME DP ☒ Change ☐ Addition
PARRETT DONALD O
STREET ADDRESS
1325 SAN MARCO BLVD., SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: **REBECCA B. JACKSON**

S

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)