

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90117 044 \*\*\*150.00

**DOCUMENT # P94000008596**

1. Entity Name

**PROFESSIONAL HEALTH CARE MEDICAL EQUIPMENT, INC.**

Principal Place of Business

751 E OKEECHOBEE RD  
HIALEAH FL 33010

Mailing Address

11970 S. W. 19TH LANE  
UNIT 193  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

7547 W. 24th Ave.

7547 W. 24th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-0483587

Applied For

Not Applicable

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

LLAURADO, ROGER  
11970 S. W. 19TH LANE  
UNIT 193  
MIAMI FL 33175

Name

Roger Llaurado

Street Address (P.O. Box Number is Not Acceptable)

13111 SW 20 St.

City

Miramar

FL

Zip Code

33027

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

Director

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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 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 ☐ Delete  
NAME D  
STREET ADDRESS LLAURADO, ROGER  
CITY-ST-ZIP 11970 S. W. 19TH LANE  
MIAMI FL 33175

TITLE ☒ Change ☐ Addition  
NAME Llaurado, Roger  
STREET ADDRESS 13111 SW 20 St.  
CITY-ST-ZIP Miramar, FL 33027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(305) 962-5666

Daytime Phone #

CR2E034 (10/00)