2000-UNIFORM BUSINESS REPORT (UBR)

2000)-UNIFORM BUSI	NESS REPO	PRT	(UBF	<u> </u>		APP	ROVEL.			388
DOCUMENT # P95000052745 1. Entity Name UNIVERSAL MEDICAL EQUIPMENT OF PALM BEACH, INC.						AND FILED					
							00 FEB 2	PH :	11		
Principal Plac	e of Business	Mailing Address					QECRETAD	V AE STA			
2072 S. MILITAI	RY TRAII	2072 S. MILITARY TRAIL					SECRETAR TALLAHASS	EE. ELOR	HDA		
Suite 6		SUITE 6							inter (
WEST PALM BE	EACH FL 33415	WEST PALM BEACH FL 33	415-6419								
6 D/	No and Displaces	2 Mailing Address									
2. Principal P	lace of Business S. Military Trail	3. Mailing Address						TOUR BELLEVILLE		II	
Suite, Apt.	#, etc	Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS SE	PACE		
	<u> </u>	Suite 5 City & State				FEI Number	AT ATAMA		I Apr	plied For	7
West	Palm Beach, Fl	Only & State				T El 14dilloci	65-059382	6	_ 	Applicable	1
^{Zip} 33 41	Country	Zip	Coun	try	5.	Certificate o	f Status Desired		8.75 Addi		
23 41	6. Name and Address of Current R	egietered Agent	<u> </u>			Name and A	Address of New F		ee Required		-
<u> </u>	o. Maine and Address of Garrent H	ogistores rigent		Name				<u>e</u>			[
GARCIA, AIDA				Street A	Breet Address (P.O. Box Number is Not Acceptable)					1	
	S. MILITARY TRAIL					·	·				-
SUIT	e 6 T Palm Beach Fl 33415										
WES	T FALM DEAGNITE 30413			City				FL	Zip Code	•	
8. The above	named entity submits this statement for	the purpose of changing its	s registere	ed office or	registered ag	gent, or both	, in the State of Fle	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signatu	re required when r	reinstating)		DATE			
0 This			III EEE	IS \$150.0							1
 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	1	tion Campaign Fir t Fund Contribution			May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		Αl	DDITIONS/C	CHANGES TO OFF			S IN 11	1_
TITLE	PD CAPCIA AIDA	☐ Delete	TITLE					,	Change	☐ Addition	2E034 (9/99)
NAME STREET ADDRESS	GARCIA, AIDA 2072 S. MILITARY TRAIL, #6		NAM STRE	et address	Suite	2.5	•				98
CITY-ST-ZIP	WEST PALM BEACH FL 33415	•		-ST-ZIP	_ 3, , ,						
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NAME			NAM	_		ed (*		1/05	: c : A =	2	
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CITY-ST-ZIP			_	-ST-ZIP	<u> </u>		\mathcal{H}		Change	☐ Addition	1
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NAME STREET ADDRESS				ET ADDRESS		J	1				
CITY-ST-ZIP				-ST-ZIP	<u></u>						_
indicated	certify that the information supplied with to this report or supplemental report is	rue and accurate and that i	mv siona	turé shall h	ave the same	i legal effect	as it made under	oatn: that I ar	n an oilic e r i	or alrector	
of the cor	rporation or the receiver or trustee empor	vered to execute this report ith all other like empowered	ras requi I.	rea by Cha	ipter 607, Flor	rida Statutes	; and that my ham	e appears in	DIOCK 13 Of	DIOCK 12 IT	Į

NAME OF SIGNING OFFICER OR DIRECTOR Date