

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90029 006 \*\*\*158.75

659395

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000083077

1. Entity Name  
**PRESCRIPTION EQUIPMENT  
MANAGEMENT, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

**P.O. Box 33-1043** **P.O. Box 33-1043**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

**Atlantic Beach, Florida** **Atlantic Beach, Florida**

Zip Country Zip Country

**32233-1043 Duval** **32233-1043 Duval**

4. FEI Number Applied For

**593342401** Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VANWINKEL, ROBERT J.**

Name

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

**13074 South Autumn River Road**

City Jacksonville, FL Zip Code 32224

7. Name and Address of New Registered Agent

Name

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

**13074 South Autumn River Road**

City Jacksonville, FL Zip Code 32224

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, 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 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	<b>President</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert J. Van Winkel</b>	NAME	
STREET ADDRESS	<b>13074 South Autumn River Road</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Florida 32224</b>	CITY-ST-ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Frederick A. Kerber</b>	NAME	
STREET ADDRESS	<b>12322 North Brighton Bay Trail</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Florida 32246</b>	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Frederick A. Kerber** <sup>VP</sup> **Frederick A. Kerber** 04/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)