

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 044 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000083077

1. Entity Name
PRESCRIPTION EQUIPMENT MANAGEMENT, INC.



Principal Place of Business

~~P.O. BOX 33-1043~~

~~ATLANTIC BEACH, FL 32233-1043 US~~

Mailing Address

~~P.O. BOX 33-1043~~

~~ATLANTIC BEACH, FL 32233-1043 US~~

2. Principal Place of Business

300 Oak Street

Suite, Apt. #, etc.

3. Mailing Address

12322 North Brighton Bay Trail

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32202

Country

Duval

Zip

32246

Country

Duval

4. FEI Number

59-3342401

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VANWINKEL, ROBERT J
13074 SOUTH AUTUMN RIVER ROAD
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VAN WINKEL, ROBERT J
13074 SOUTH AUTUMN RIVER ROAD
JACKSONVILLE, FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KERBER, FREDERICK A
12322 NORTH BRIGHTON BAY TRAIL
JACKSONVILLE, FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME
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CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frederick A Kerber** **Frederick A. Kerber** **05/01/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)