

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017055

1. Entity Name  
DIVERSIFIED MEDICAL EQUIPMENT, INC.

Principal Place of Business  
4662 SW 74 AVE  
MIAMI FL 33155

Mailing Address  
4662 SW 74 AVE  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0644153

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

BLANCHARD, LOURDES  
4662 SW 74 AVE  
MIAMI FL 33155

Name LOURDES B. MENENDEZ  
Street Address (P.O. Box Number is Not Acceptable)  
4662 SW 74 Ave  
City MIAMI FL Zip 33155

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 *Ammer*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/01

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 D  
NAME BLANCHARD, LOURDES  
STREET ADDRESS 9800 SW 100 AVE  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D.  
NAME LOURDES B. MENENDEZ  
STREET ADDRESS 9800 SW 100 Ave  
CITY-ST-ZIP MIAMI FL 33176 ☒ Change ☐ Addition

TITLE D  
NAME GOMEZ, REGLA  
STREET ADDRESS 9811 SW 35 TERRACE  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE D  
NAME FERRO, MARLENE  
STREET ADDRESS 9811 SW 35 TERR  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *ABM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01 (305)2668363  
Date Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90162 013 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)