

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018766

1. Entity Name  
MEDICAL EQUIPMENT ACQUISITION, INC.

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90129 019 \*\*\*150.00

Principal Place of Business

5150-6 TIMUQUANA ROAD  
JACKSONVILLE FL 32210

Mailing Address

5150-6 TIMUQUANA ROAD  
JACKSONVILLE FL 32210

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 59-3365587

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

MCENANY, THOMAS J  
2006 SALT MYRTLE LANE  
ORANGE PARK FL 32073

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.

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
MCENANY, THOMAS J  
5150-6 TIMUQUANA ROAD  
JACKSONVILLE FL ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

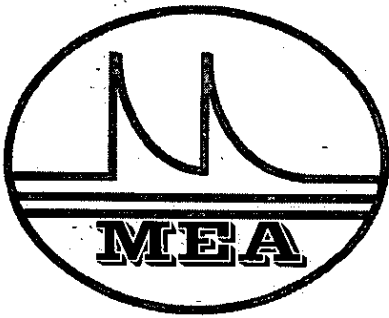
Date

Daytime Phone #

9/10/02

904 777-4400

CR2E034 (9/01)



Attachment  
980082  
P96 000018766

P. O. Box 7129, Jacksonville, FL 32210 (800) 777-4400

September 10, 2002

State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Uniform Business Report

Gentlemen:

Please find enclosed our annual Uniform Business Report for 2002. Our controller, Karen Jones, developed colon cancer, requiring her to be out of work for the last year, therefore, the reports were not filed in a timely fashion.

We are respectfully submitting our request for a one-time waiver of the late fee due to these unusual circumstances. We would appreciate your consideration in this matter.

Sincerely,

Thomas J. McEnany  
President