

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026899

1. Entity Name

MASS. MEDICAL EQUIPMENT DEPOT, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90073 001 ***450.00

Principal Place of Business 1489 W PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486	Mailing Address 1489 W PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486-3327
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2. Principal Place of Business 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200	3. Mailing Address 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200
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City & State Boca Raton, FL	City & State Boca Raton, FL
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Zip 33487	Country USA	Zip 33487	Country USA
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4. FEI Number 65-0757008	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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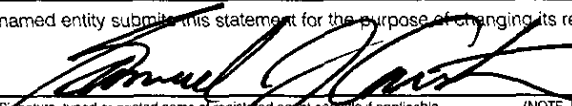
6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Cantor, Samuel J.
Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Pkwy NW
Suite 200
City
Boca Raton
FL
Zip Code
33487

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  DATE 4/29/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTOR, SAMUEL J 1489 W PALMETTO PARK ROAD STE 485 BOCA RATON FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cantor, Samuel J. 6700 Broken Sound Pkwy NW, #200 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DAYTIME PHONE # 561-982-9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)