2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P9600054653 1. Entity Name FLORIDA MEDICAL EQUIPMENT NETWORK, INC.							FILED					
FLORIDA	WILDIOAL EGOII WILL		·O·1/4, 1/10.					02 MAR I	8 PM	2: 25		
Principal Place of Business Mailing Address												
8257 CAUSEWAY BLVD TAMPA FL 33619			8257 CAUSEWAY BLVD TAMPA FL 33619				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
US US											19 11 1911 1 11 1	
Principal Place of Business 3. Mailing Address								30 B 0 B 4 00 6 B0	 	IIIII v iate alibi i	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	59-3390134	}		plied For t Applicable	
Zip	Country		Zip	try	5.	Certificate of	Status Desired	K	\$8.75 Add Fee Required			
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of New F	Registered /	Agent		
						Name						
SUNDIN, GLENN T				Street Address (P.O. Box Number is Not Acceptable)								
653 BREVARD AVENUE												
COCOA FL 32923										1		
					City FL Zip Code						•	
O The should	named entity submits this stat	ement for th	e purpose of changing its	renister	ed office or	registered as	ent or both.	in the State of Fl	orida.	 		
o. The above	married entity submits this state	// A	e purpose or changing its	regiotei	ca cilido di	rogiotoroa ag	go. 11, or oo 11.					
0.01.47.105	Man M	//. II	and /			: .			3/4	102		
SIGNATURE,	Signature, typed or printer name of regist	tered/agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required when r	reinstating)		DATE			
O This care	ration in aliable to entirely ite Ir	otangihle.	FILE NOW!	!! FFF	IS \$150.0	10		,				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			After May 1, 2002 Fee will be \$550.00				9	ion Campaign Fil Fund Contribution			O May Be I to Fees	
(See criteria on back)						of State				,		
11.	OFFICE	RS AND DIF	RECTORS	12.		Α{	ODITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
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NAME	PANZULEWICZ, GARY M		;	NAM							}	
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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:

3/4 /02 1(8B) 626-2388