

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086867

1. Entity Name

CCA MEDICAL EQUIPMENT, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90066 022 ***150.00

Principal Place of Business

Mailing Address

1840 W. 49 ST. SUITE 709
 HIALEAH FL 33012

1840 W. 49 ST. SUITE 709
 HIALEAH FL 33010-1923

2. Principal Place of Business

3. Mailing Address

7911 N.W. 72 Ave. Suite A

7911 N.W. 72 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214-A

214-A

City & State

City & State

Medley, FL

Medley, FL

Zip

Country

Zip

Country

33166

USA

33166

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0702546

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

ALONSO, CARLOS JR
 1840 W. 49 ST. SUITE 709
 HIALEAH FL 33012

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALONSO, CARLOS JR	
STREET ADDRESS	1840 W. 49 ST. SUITE 709	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALONSO, CARLOS A	
STREET ADDRESS	1840 W. 49 ST. SUITE 709	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALONSO, MIRIAM	
STREET ADDRESS	1840 W. 49 ST. SUITE 709	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PRESIDENT

4/18/00

Date

(305) 888-0520

Daytime Phone #

CR2E034 (9/99)