

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90035 031 ***150.00

DOCUMENT # P96000086867

1. Entity Name
CCA MEDICAL EQUIPMENT, INC.

Principal Place of Business 7911 NW 72 AVE 214A MEDLEY FL 33166	Mailing Address 7911 NW 72 AVE 214A MEDLEY FL 33166
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7911 NW 72 Ave

3. Mailing Address

Suite, Apt. #, etc.
214-A

City & State
Medley, FL

Zip
33166

Country
USA

4. FEI Number **65-0702546**

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, 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	PD ALONSO, CARLOS JR 1840 W. 49 ST. SUITE 709 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALONSO, CARLOS A 1840 W. 49 ST. SUITE 709 HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALONSO, MIRIAM 1840 W. 49 ST. SUITE 709 HIALEAH FL 33012	<input checked="" 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	PD Alonso, Carlos JR. 7911 NW 72 Ave #214-A Medley, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction of Address</i>
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: ~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-8-02** (305) **984-0646**
 Daytime Phone #

CR2E034 (9/01)