## .2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045316 Library Name SOUTHERN MEDEQUIP, INC.  OD HAR 29 PM 3: DUE Proposit Flactor of Business Mis ling Address Mis ling Addre													
Principal Place of Business Mol ing Address 80 M. ARIET OR Place of Business Mol ing Address 80 M. ARIET OR Place of Business Mol ing Address 80 M. ARIET OR Place of Business Suite, Age 4 etc.  Suite, Ag	DOCUMENT # P97000045316  1. Entity Name SOUTHERN MEDEQUIP, INC.									Tapo			
Alling Address   Mailing Address   SUPER TAPET   SUPER TAP								E Franc Lion land					
TO YAL STREET  ## AD N. ASMEP DR  ## A 5302-4577    TALLEAH ASSEL   FLORIDA   TALLEAH ASSEL   TALLEAH AS	_								00 MAR 2	9 PM	3: 04		
2. Principal Place of Business  Suite, Apri if one  Suite, Apri if	Principal Place	e of Business	J	ailing Address				SEPRETA	ay ay t	STATE			
Applies Ft. 34109  TAMPA Ft. 39802-4227  Suite. Aprl. # etc.  Suite. Apr	790 YAHL STREET			= =				TALLAHASSEE. FLORIDA					
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City & State  City & State  City & State  Country  Country  Country  A. Fel Number 65-0753923  Applied For Not Applicable  Set Officiate of Status Desired   Set Officiate of Status Desired   Set Officiate of Se	2. Principal Place of Business			3. Mailing Address									
Zp   Country   Zp   Country   S. Certificate of Status Desired   S8.75 Additional   S8.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
6. Name and Address of Current Registered Agent.	City & State			City & State				FEI Number	65-0753923		$\rightarrow$	<u>`                                    </u>	}
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE MIAMI FL 33131  City  FL  Zip Code  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, losed or pisted rame of impliend upon und ble if archothis.  BIOTE Registered Apert signature register when in remaining)  P. This corporation is eligible to satisfy its intangible Tark fling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55,000  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SIGNAMAY, DONALD  STREET ADDRESS  STREET	Zip Country			Zip Country			5.	Certificate of	Status Desired				
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE MIAMI FL 33131    City   FL   Zip Code		6. Name and Address	of Current Rec	istered Agent		مے سو ے	7.	Name and Ad	idress of New.Reg	jistered Ag	ent		7
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.    City   FL   Zip Code	p. 1000	ACTATE DECICTEDES	ACINE CORE									_	
MIAMI FL 33131  City FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent and size it spoiledate.  INOTE Registered Agent spreads agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent and size it spoiledate.  INOTE Registered Agent spreads agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent and size it spoiledate.  INOTE Registered Agent spreads agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent, or both, in the State of Florida.  SIGNATURE  Signature, head of prised name of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE IS \$150.00 Agent and size it spoiledate was a spoiled when revessoring it is resident was revessoring in the State of Sta			GENT CORPU	JRATION		Street Address (P.O. Box Number is Not Acceptable)							
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  9. This corporation is eligible to satisfy its intangible Task filting requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTEL  BUNANE 1  STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTEL  DST  DST  DST  DST  DENNIS, KAREN E  STREET ADDRESS  107-57-2P  NAPLES FI. 34109  Delete  Delete  Delete  Delete  Delete  TILE  NAME  STREET ADDRESS  107-57-2P  NAPLES FI. 34109  Delete  Delete  TILE  NAME  STREET ADDRESS  107-57-2P  Addition  TILE  NAME  STREET ADDRESS  107-57-2P  TILE  NAME								<del></del>	- <del></del>				]
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9. This corporation is eligible to satisfy its intangible Tax fillier Power in the production of the p	8. The above	named entity submits this	statement for th	e purpose of changing its	registere	ed office or r	egistered a	gent, or both,	in the State of Florid	da.		_	1
9. This corporation is eligible to satisfy its intangible Tax fillier Power in the production of the p	`							}					
Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   Added to Fee Side (See criteria on back)   Addition   Addit	SIGNATURE.	Signature, typed or printed name of	registered agent and t	tle if applicable. (NOTE	Registere	d Agent signatur	e required when	reinstating)		DATE			
Tax filing requirement and elects to do so.    Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees								10, Electi	on Campaign Final	ncing	\$5.0	O May Be	
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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	CITY-ST-ZIP									3			
	13. I hereby 0	certify that the information s	supplied with thi	s filing does not qualify for	the exe	mption state	d in Section	n 119.07(3)(i),	Florida Statutes. I f	urther certif	y that the in	nformation	7