

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070742

1. Entity Name
ACME MEDICAL EQUIPMENT CORPORATIONPrincipal Place of Business
14789 BAY DR
LARGO FL 337742. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. City & State
City & State5. Zip
Country
Zip
CountryFILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90223 048 ***158.75

0000000000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3463546 Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

READ, MICHAEL J
14789 BAY DR
LARGO FL 33774

7. Name and Address of New Registered Agent

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 State10. 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 D Delete
NAME READ, MICHAEL J
STREET ADDRESS 14789 BAY DR
CITY-ST-ZIP LARGO FL 33774TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME MENINNO, ROBERT
STREET ADDRESS 111'S SATURN AVE
CITY-ST-ZIP CLEARWATER FL 34615TITLE Change Addition
NAME MENINNO, ROBERT
STREET ADDRESS 762 OHIO AVE
CITY-ST-ZIP PALM HARBOR, FL 34683TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

Daytime Phone #

046807
AV

CR2E034 (9/01)