2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90099 001 ***158.75

DOCUMENT # P98000038359

1. Entity Name
L.C. MEDICAL EQUIPMENT AND SERVICES, INC.

Principal Place of Business	Mailing Address
248 NW 106 AVE PEMBROKE PINES, FL 33026	248 NW 106 AVE PEMBROKE PINES FL 33026

D0055790

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3120 PEMBROKE ROAD	3120 PEMBROKE ROAD
Suite, Apt. #, etc. SUITE 123	Suite, Apt. #, etc. SUITE 123
City & State HALLANDALE, FL 33309	City & State HALLANDALE, FL 33309
Zip / Country 33309 / BROWARD	Zip / Country 33309 / BROWARD

4. FEI Number
65-0761315
☐ 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
ALTU, JOSE 248 NW 106 AVE PEMBROKE PINES, FL 33026	Name: MONTERO, SANDRA M. Street Address (P.O. Box Number is Not Acceptable): 13756 SW CIRCLE LANE UNIT 4 City: MIAMI FL Zip Code: 33186

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: Sandra Montero 04-26/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CEPEDA, HUGO 961 PALM AVE HIALEAH, FL 33010 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MONTERO, SANDRA M. 13756 SW 149 CIRCLE LANE UNIT 4 MIAMI, FL 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Sandra Montero SANDRA MONTERO PRESIDENT 04-26/00 (954) 435 1027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #