

FILED

May 23, 2001 8:00 am  
Secretary of State

05-23-2001 90225 040 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 980000 38359

1. Entity Name  
L.C. MEDICAL EQUIPMENT and SERVICES INC.

Principal Place of Business Mailing Address  
3120 Pembroke Road 3120 Pembroke Road  
SUITE 123 SUITE 123  
HALLANDALE FL 33309 HALLANDALE FL 33309


2. Principal Place of Business 3. Mailing Address  
11214 PINES BLVD. 11214 PINES BLVD  
Suite, Apt. #, etc Suite, Apt. #, etc  
PMB 191 PMB 191

City & State City & State  
Pembroke Pines, FL Pembroke Pines, FL  
Zip Zip Country Country  
33026 USA 33026-4101 USA

4. FEI Number Applied For  
650915878 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MONTERO SANDRA M.  
13756 SW circle lane  
UNIT 4  
MIAMI - FL 33186

7. Name and Address of New Registered Agent  
Name HUGO E CEPEDA  
Street Address (P.O. Box Number is Not Acceptable)  
248 NW 106 AV.  
City Pembroke Pines FL Zip Code 33026

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  HUGO E CEPEDA DATE 04-28-01  
Signature of officer or director of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

10. Election Campaign Financing  \$5.00 May Be Added to Fees  
Trust Fund Contribution:

11. OFFICERS AND DIRECTORS	
TITLE	P.D. <input checked="" type="checkbox"/> Delete
NAME	MONTERO SANDRA M.
STREET ADDRESS	13756 SW circle lane unit 4
CITY - ST - ZIP	MIAMI, FL 33186
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGO E CEPEDA
STREET ADDRESS	248 NW 106 AV.
CITY - ST - ZIP	Pembroke Pines FL 33026
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(b), 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:  HUGO E CEPEDA DATE 04-28-01  
Signature and typed or printed name of signing officer or director

659561

DO NOT WRITE IN THIS SPACE