

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 042 ***150.00

DOCUMENT # *198000038359*

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11214 PINES BLVD
Suite, Apt. #, etc.
PMB 191
City & State
PEMBROKE PINES, FL
Zip
33026

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEJ Number
65-0915878
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
HUGO E. CEPEDA
Street Address (P.O. Box Number is Not Acceptable)
248 NW 106 BLVD
Pembroke Pines, FL
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 *[Signature]* (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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD5 HUGO E CEPEDA 248 NW 106 BLVD PEMBROKE PINES, FL 33026</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *04/29/02* (954) 435-1027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)