

**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**

3. Mailing Address

Suite, Apt. #, etc.

**PMB 191**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

City & State

4. FEI Number

**65-0915878**

Applied For

Not Applicable

Zip

**33026**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**HUGO E. CEPEDA**

Street Address (P.O. Box Number is Not Acceptable)

**248 NW 106 AVE**

**Pembroke Pines, FL**

City

**PEMBROKE PINES**

FL

Zip Code

**33026**

**DO NOT WRITE  
IN THIS SPACE**

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]*

Signature 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)

**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

**PDS  
HUGO E CEPEDA  
248 NW 106 AVE  
PEMBROKE PINES, FL 33026**

TITLE

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/02** (954) 435-1027

Date

Daytime Phone #

CR2E034B (12/01)