

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 017 ***550.00

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AV

DOCUMENT # P98000044448

1. Entity Name

BROWARD DADE HOME MEDICAL EQUIPMENT, INC.



Principal Place of Business

1415 SW 11TH TERR

POMPANO BEACH FL 33069

Mailing Address

4509 BEE RIDGE RD., SUITE B

STE C

SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

4509 Bee Ridge Rd Ste C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste C.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

34233

Country

US

4. FEI Number

65-0836809

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LEONARD, ANGEL M

714 MCARTHUR AVE

SARASOTA FL 34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Angel M. Leonard
(Signature, typed or printed name of registered agent and title if applicable)

Angel M. Leonard President

5/27/03
(NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

***Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D LEONARD, ANGEL
STREET ADDRESS 714 MC ARTHUR AVE.
CITY-ST-ZIP SARASOTA FL 34243

TITLE NAME ☐ Delete
O LEONARD, ANGEL
STREET ADDRESS 714 MCARTHUR AVE
CITY-ST-ZIP SARASOTA FL 34243

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angel M. Leonard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment 157 P980004448
AMERICAN ACCOUNTING

4509 BEE RIDGE RD STE C
SARASOTA, FL 34233
941-371-0008 FAX 941-371-5685
email info@aasrq.net

80122683

Invoice

DATE	INVOICE #
1/23/03	2003-81

BILL TO
BROWARD DADE HOME MEDICAL EQUIPMENT, INC. C/O ANGEL LEONARD 714 MC ARTHUR AVE. SARASOTA, FL 34243-1606

PHONE
ANGEL 915-7934

DESCRIPTION	QTY	RATE	AMOUNT
2003 UNIFORM BUSINESS REPORT (FL CORP RENEWAL) PLEASE SIGN AND DATE THE FORM WHERE WE HAVE HIGHLIGHTED. MAIL (NO LATER THAN APRIL 30) THE COMPLETED FORM WITH A CHECK IN THE AMOUNT OF \$150.00 MADE PAYABLE TO: DEPARTMENT OF STATE		0.00	0.00
Total			\$0.00

FINANCE CHARGE APPLIED TO ALL ACCOUNTS LEFT UNPAID OVER 60 DAYS AT
THE RATE OF 1.5% PER MONTH COMPOUNDED.