Principal Place of Business Mailing Address ESS MV 35 STREET SUITE 315 WIRRAM GARCEN R. 2016 ESS MV 35 STREET SUITE 315 WIRRAM GARCEN R. 2016 2. Principal Place of Business 2. Mailing Address Suite April # end Suite April # end Suite April # end Suite April # end Cord & Silve - Ent Number Zip Country Zip Country Suite April # end - Ent Number POZO, FRANK - Ent Number Suite April # end - Ent Number & Ent Number POZO, FRANK - Ent Number Suite April # end	2001 UNIFORM BUSI DOCUMENT # P990000 1. Entity Name JUST MEDICAL EQUIPMENT & SERVI	90299	ORT (UBI	2)	FILE Mar 08, 200 Secretary 0 03-08-2001 90101 02	1 8:00 am of State
Suite, Apt. #, etc. Do Not Weite in this structure Coy & State Dity & State Page 14 Zip Country S. Conflicters of Stute Deviced Structure, Applied Former, Market Automation and Address of Current Registered Agent Name and Address of Current Registered Agent Intel Applied Former, Market Address of Current Registered Agent POZD, FRANK SHO W, 21 COURT, #201 Ame The above named and ty schemists this statement for the psynthes of changing its registered office or registrue dagent. Name Address of New Registrue dagent. Note: Streat Address of Current Registrue of the psynthes of changing its registered office or registrue dagent. Name Address of New Registrue dagent. Streat Address of New Registrue dagent. Note: Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Address of New Registrue dagent. Streat Registrue dagent. Streat Registrue dagent. Streat Registrue dagent.	555 NW 36 STREET SUITE 315	6555 NW 36 STREET SUITE 315	6			
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PD PD <th< th=""><th>Tax filing requirement and elects to do so.</th><th>After MAY 1, 20</th><th>01 Fee will be \$</th><th>50.00</th><th></th><th></th></th<>	Tax filing requirement and elects to do so.	After MAY 1, 20	01 Fee will be \$	50.00		
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NAME NAME REET ADDRESS STREET ADDRESS TY'-ST-ZIP CITY-ST-ZIP 3. 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 12 if	INE REET ADDRESS	Delete	NAME STREET ADDRESS			Change Addition
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	ME REET ADDRESS	Delete	NAME STREET ADDRESS			Change Addition
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