

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S48685

1. Entity Name

MEDICAL EQUIPMENT DEPOT, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90180 001 ***300.00

Principal Place of Business

1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

6700 Broken Sound Pkwy NW

3. Mailing Address

6700 Broken Sound Pkwy NW

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number 65-0325081

Applied For

Not Applicable

Zip
33487

Country
USA

Zip
33487

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTOR, SAMUEL J.
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Name

Cantor, Samuel J.

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

6700 Broken Sound Pkwy NW

Suite 200

City

Boca Raton

FL

Zip Code
33487

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, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	CANTOR, LOUIS	7131 HIALEAH LANE	PARKLAND FL 33067	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/14/00 561-982-9555

CR2E034 (9/99)