

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0436373 AV

DOCUMENT # **S48685**

1. Entity Name
MEDICAL EQUIPMENT DEPOT, INC.



FILED

03 MAY -5 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON FL 33487
US**

Mailing Address
**6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0325081**

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

7. Name and Address of New Registered Agent

**CANTOR, SAMUEL J.
6700 BROKEN SOUND PKWY NW
STE 200
BOCA RATON FL 33487**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CANTOR, LOUIS**
STREET ADDRESS **7131 HIALEAH LANE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**200018015522
05/05/03--01096--004 ***900.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 **56982955**
Date Daytime Phone #

CR2E034 (10/02)