

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94849

1. Entity Name

SUNSHINE MEDICAL EQUIPMENT OF PENSACOLA, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90169 050 \*\*\*150.00

Principal Place of Business

Mailing Address

870-A INDUSTRIAL CT  
PENSACOLA FL 32505  
US

PO BOX 37507  
PENSACOLA FL 32526-0507  
US

2. Principal Place of Business

6229 Saufley Pines Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip

32526

Country

Escambia

Country

4. FEI Number

59-3095454

Applied For

Not Applicable

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

CARTER, HENRY GRADY, III  
6229 SAUFLEY PINES ROAD  
PENSACOLA FL 32526

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.

SIGNATURE

Signature, typed or printed name 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) ☐

**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  
PST  
CARTER, HENRY GRADY III  
6229 SAUFLEY PINES ROAD  
PENSACOLA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTS  
CARTER, MARY CATHERN  
6229 SAUFLEY PINES ROAD  
PENSACOLA FL ☐ Delete

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

TITLE  
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☐ Change ☐ 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

Henry G. Carter

4-26-2000

850-453-0358

Date

Daytime Phone #

CR2E034 (9/99)