2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 AM
Secretary of State

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Entity Name: SUNSHINE MEDICAL EQUIPMENT OF PENSACOLA, INC.

Current Principal Place of Business:

6229 SOUFLEY PINES ROAD
PENSACOLA, FL 32526 US

New Principal Place of Business:

6229 SAUFLEY PINES ROAD
PENSACOLA, FL 325263722 US

Current Mailing Address:

PO BOX 37507
PENSACOLA, FL 325260507 US

New Mailing Address:

FEI Number: 59-3095454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARTER,III, HENRY G MR.
6229 SAUFLEY PINES ROAD
PENSACOLA, FL 325263722 US

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: HENRY G. CARTER,III 04/09/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: CARTER, HENRY GRADY III
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL

Title: VTS ( ) Delete
Name: CARTER, MARY CATHERN
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: CARTER, HENRY GRADY III
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 325263722 US

Title: VTS (X) Change ( ) Addition
Name: CARTER, MARY CATHERN
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 325263722 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY G. CARTER,III PST 04/09/2002
Electronic Signature of Signing Officer or Director Date