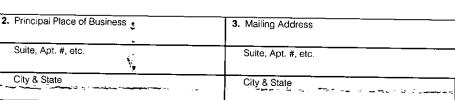
## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V04130 1. Entity Name COMMUNITY MEDICAL EQUIPMENT CORP. Principal Place of Business Mailing Address 4368 N. FEDERAL HIGHWAY 4368 N. FEDERAL HIGHWAY



FT. LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0307312 ---Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOSCAN, MARIA I Street Address (P.O. Box Number is Not Acceptable) 4368 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308 City 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.

registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FT. LAUDERDALE FL 33308

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

--10: Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME BOSCAN, GUSTAVO J NAME STREET ADDRESS 16521 BLATT BLVD., NO 211-101 STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOSCAN, MARIA I NAME STREET ADDRESS 16521 BLATT BLVD., NO 211-101 STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change --- - Addition-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 add iss, with all other like empowered

TURE AND TYPED OR PRINTED NAME OF SIGNI