

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
 02-11-2000 90031 030 ***150.00

DOCUMENT # V52090
 1. Entity Name
TLC MEDICAL EQUIPMENT CORP.

Principal Place of Business Mailing Address
 50 W 29 ST 50 W 29TH ST
 #2 #2
 HIALEAH FL 33012 HIALEAH FL 33012-5702
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 103

City & State City & State
 Hialeah
 Zip Country Zip Country
 PP USA

4. FEI Number 65-0346082 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ECHEMENDIA, TERESA
 1555 E. 4 AVE.
 HIALEAH FL 33010

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable) 474 E. 49 ST. #103
 City Hialeah FL Zip Code 33012

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	PSD ECHEMENDIA, TERESA 50 W 29ST #2 HIALEAH FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIES REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 1/31/00-305.685-729;
 Date Daytime Phone #