

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90135 009 \*\*\*150.00

**DOCUMENT # V52090**

Entity Name  
**LC MEDICAL EQUIPMENT CORP.**

Principal Place of Business <b>W 29 ST          2          HIALEAH FL 33012          8</b>	Mailing Address <b>474 E 49 ST          103          HIALEAH FL 33013          US</b>
---	--



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>474 E. 49TH ST          Suite, Apt. #, etc.          suite 103          HIALEAH, Florida</b>	3. Mailing Address Suite, Apt. #, etc.	City & State <b>HIALEAH, Florida</b>	4. FEI Number <b>65-0346082</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33013</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ECEMENDIA, TERESA**  
**474 E 49 ST #103**  
**HIALEAH FL 33013**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSD</b> <input type="checkbox"/> Delete NAME <b>ECEMENDIA, TERESA</b> STREET ADDRESS <b>50 W 29 ST #2 474 E 49TH ST suite 103</b> CITY-ST-ZIP <b>HIALEAH FL 33012 33013</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2/7/02 (305) 886-7299**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)