

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 030 ***550.00

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DOCUMENT # F00000005519

1. Entity Name

ADJOINED CONSULTING, INC.



Principal Place of Business

5301 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

Mailing Address

5301 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1039484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROGERS, RODNEY J
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DUNCAN, ANDREW
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ROSENBLOOM, MICHAEL
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
PRUITT, WILLIAM D
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, KEVIN
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OCFO
Daniel E Reed
5301 BLUE LAGOON DRIVE SUITE 700
MIAMI, FL 33126 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

Date

Daytime Phone #

CR2E034 (4/03)



Attachment#

80138171
FOOOOOOO 5519

August 11, 2003

Dear Vendor,

Our bank has instituted a strict policy of not honoring checks unless they are properly endorsed. Please ensure that your check has the following endorsements before depositing:

- Name of payee
- Bank Account number

The endorsement can either be handwritten or a stamp.

If you have any questions, please do not hesitate to contact me at 305-423-2871 or by email at ncaldeira@adjoined.com

Thank you.

Sincerely,

NA Caldeira

Nicole A. Caldeira
Controller

5301 Blue Lagoon Drive
Suite 700
Miami, FL 33126

Tel: 305.269.8588
Fax: 305.269.1911

www.adjoined.com