

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-15-2002 90086 015 0150
F94000002059

AMENDED

02 SEP 20 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80138186

DOCUMENT # *F94000002059*
1. Entity Name
EASTERN MEDICAL SYSTEMS, Inc

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------------------------|--|--|
| 2. Principal Place of Business <i>17031 So. DIXIE Hwy</i> | | 3. Mailing Address <i>9737 NW 41st STREET</i> | |
| Suite, Apt. #, etc. <i>157</i> | | Suite, Apt. #, etc. | |
| City & State <i>MIAMI Fla</i> | City & State <i>MIAMI Fla</i> | 4. FEI Number <i>65-0448969</i> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>33157</i> | Country <i>US</i> | Zip <i>33178</i> | Country <i>US</i> |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
IMMACULA TESSIER MICHEL MD
Street Address (P.O. Box Number is Not Acceptable)
3160 S. UNIVERSITY DRIVE
MIRAMAR
City
FL Zip Code
33025

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]* DATE *7/31/02*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>P/C IMMACULA TESSIER MICHEL, M.D. 3160 S. UNIVERSITY DR. MIRAMAR, FL 33025</i> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>M/S JEAN-LUC MICHEL, M.D. 3160 S. UNIVERSITY DR. MIRAMAR, FL 33025</i> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2604B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: *JEAN-LUC MICHEL M.D.* DATE: *7/31/02* PHONE: *(805) 969-0717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR