

# 2002 UNIFORM BUSINESS REPORT (UBR)

0571285 AV

DOCUMENT # **G55261**

1. Entity Name  
**MEDI-HEALTH OF FLORIDA, INC.**

**FILED**  
**02 APR 12 AM 11:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3820 STATE STREET**  
**SANTA BARBARA CA 93105**

Mailing Address  
**% MARY H. YUMIBE**  
**3820 STATE STREET**  
**SANTA BARBARA CA 93105**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

4. FEI Number **59-2320784** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b> <b>STEIGMAN, DONALD S</b> <b>500 W. CYPRESS CREEK RD.</b> <b>FORT LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600005463016--9</b> <b>-05/06/02--01893--008</b> <b>***150.00 ***150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>SILVER, RICHARD B</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DENT, DENNIS L</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LARSEN, CAITLIN M</b> <b>3820 STATE STREET</b> <b>SANTA BARBARA CA 93105</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caitlin M. Larsen **Caitlin M. Larsen, Asst. Sec.** **3/19/02** **805/563-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)