**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Mar 24, 2002 8:00 am **Secretary of State** DOCUMENT # M90540 1. Entity Name 03-24-2002 90030 001 \*\*\*150.00 BIOMEDICAL CONSULTANTS, INC. Principal Place of Business Mailing Address % DAVID B. THORNBURGH, M.D. % DAVID B. THORNBURGH, M.D. 420 W. SAN MARINO DR. 420 W. SAN MARINO DR. MIAMI BCH. FL 33139 MIAMI BCH, FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0063422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THORNBURGH, DAVID B., M.D. Street Address (P.O. Box Number is Not Acceptable) 420 W. SAN MARINO DR. MIAMI BCH. FL 33139 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition CR2E034 (9/01 NAME THORNBURGH, DAVID B., MD NAME 420 W. SAN MARINO DR. STREET ADDRESS STREET ADDRESS MIAMI BCH. FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 13. I hereby certify that the information supplied with this filling does not quark for the examption stated indicated on this report or supplemental report in true and accurate that my signature shall have of the corporation or the receiver or trustee exprovements to execute this report as equired by Chapte changed, or on an attachment of a gardeness, with all other lift expressions. M Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Plorida Statutes; and that my name appears in Block 11 or Block 12 if