

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000078141  
 1. Entity Name  
**SOUTHMED HEALTH CORP**

Principal Place of Business      Mailing Address  
 10400 Griffin Rd. - Ste 105  
 Cooper City, Fl 33328      Same

2. Principal Place of Business      3. Mailing Address  
 10400 Griffin Rd - Ste 105      Same  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Cooper City, Fl 33328

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 65-0864581      Not Applicable

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

**FILED**  
 01 MAR 23 AM 9:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Antonio R Wong  
 6523 Champlain Terr  
 Davie, Fl 33331

7. Name and Address of New Registered Agent  
 Name: **Carlos Perez**  
 Street Address (P.O. Box Number is Not Acceptable):  
 10710 SW 14 Ct  
 City: **Davie, Fl 33324**      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: X *Carlos Perez*      DATE: *3/14/01*  
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.  **FILE NOW!!! FEE IS \$100.00**  
 (See criteria on back)

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	P.D.S.T. Carlos Perez 10710 SW 14 Ct Davie, Fl 33324 <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	S.T.D. Antonio R Wong 6523 Champlain Terr Davie, Fl 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003959044-3 -04/04/01--01073--008 ****150.00 ****150.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P.D. Derwin Westerberger 10400 Griffin Rd - Ste 105 Cooper City, Fl 33328 <input type="checkbox"/> Change <input checked="" 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: XX *Carlos Perez*      Date: *3/14/01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR