

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90032 039 \*\*\*558.75

DOCUMENT # **P99000099042**

1. Entity Name  
**TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION**

Principal Place of Business 3801 PGA BOULEVARD #510 PALM BEACH GARDENS FL 33410	Mailing Address 3801 PGA BOULEVARD #510 PALM BEACH GARDENS FL 33410-2757
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**65-0992040**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMBY, LOUIS L III**  
**321 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

Name  
**James V. Galgano**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Blvd, Suite 510**  
 City **Palm Beach Gardens** FL Zip Code **33410**

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 **6/1/00**  
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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>James V. Galgano</b>	
STREET ADDRESS		<b>3801 PGA Blvd, Suite 510</b>	
CITY-ST-ZIP		<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>Lawrence A. Ducat</b>	
STREET ADDRESS		<b>3801 PGA Blvd, Suite 510</b>	
CITY-ST-ZIP		<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>SIT Malcolm S. Sina</b>	
STREET ADDRESS		<b>3801 PGA Blvd, Suite 510</b>	
CITY-ST-ZIP		<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: DATE **6/1/00** DAYTIME PHONE # **561-671-9900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2 (7-94) (3/95)