

9/12/01-90006-048-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000004018**

1. Entity Name

COUNTRYWIDE MEDICAL COMPANIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 PM 12:28

Principal Place of Business

101 CONVENTION CENTER DRIVE, #1225
LAS VEGAS NV 89109

Mailing Address

101 CONVENTION CENTER DRIVE, #1225
LAS VEGAS NV 89109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0503924

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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

SILWOSKI, JOHN
6103 JOHNS ROAD, STE. 3 & 4
TAMPA FL 33634☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

President
MAAS, ART
6103 Johns Road, Ste. 3 & 4
Tampa, FL 33634☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS

LASSEIGNE, ERROL
6103 JOHNS ROAD, STE. 3 & 4
TAMPA FL 33634☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS

Vice President
MAAS, ART
6103 Johns Road, Ste. 3 & 4
Tampa, FL 33634☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD

PITTL, STERLING W.
101 CONVENTION CENTER DRIVE, #1225
LAS VEGAS NV 89109☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD

MAAS, ART
6103 Johns Road, Ste. 3 & 4
Tampa, FL 33634☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

FISHER, RON
221 WEST CREST STREET, #200
ESCONDIDO CA 92925☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MAAS, ART
6103 Johns Road, Ste. 3 & 4
Tampa, FL 33634☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MCMICHAEL, BRIAN
221 WEST CREST STREET, #200
ESCONDIDO CA 92925☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

MAAS, ART
6103 Johns Road, Ste. 3 & 4
Tampa, FL 33634☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE REQUIRED

9-12-01

Date

Daytime Phone #

CR2E034 (5/01)

AD