## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F69137 **DOCUMENT #**

1. Entity Name

MEDERI OF DADE COUNTY, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90199 012 \*\*\*150.00

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Principal Place of Business P.O BOX 144536 CORAL GABLES FL 33114		Mailing Address 153 SERVILLA AVENUE CORAL GABLES FL 33134									
2. Principal f	Place of Business	3. Mailing Address					I EGULLERU ELLU DALLU LELES SEUDA LILES TU		BIBIS BIBIS	01011 91811 L201	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Sta	te	City	City & State			4.	FEI Number <b>59-2208436</b>		<del></del>	applied For lot Applicable	
Zip	Country Zip			Cour	itry	5.	5. Certificate of Status Desired			dditional ed	
Name and Address of Current Registered Agent						7.	Name and Address of New Regi	stered Ag	ent		
MAIL DEGIGERATE AGENT GOOD					Name		1				
	ISTERED AGENT CORP		Street Address			dress (P.O. E	(P.O. Box Number is Not Acceptable)				
	LA AVENUE					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
CORAL G	ABLES FL 33134						•			i	
					City		Filit-bre*A	FL	Zip Cod	de	
8. The above	e named entity submits this statement for	or the purp	ose of changing its	register	ed office or re	egistered ag	gent, or both, in the State of Florida		niliar with	, and accept	
the obligat	tions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered agent										
		and the rrapp	ilicable. (NOTI	t: Hegistere	d Agent signature	required when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					Election Campaign Financ Trust Fund Contribution.	ing 🔲		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOF	RS IN 11	
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reflectly centre information supplied with this flip 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 enhanced to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGN #TUKE REQUIRED