

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J46846**
 1. Entity Name
First Med Boca Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 NW 82 Avenue		3. Mailing Address 201 NW 82 Avenue	
Suite, Apt. #, etc. Suite # 306		Suite, Apt. #, etc. Suite # 306	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country USA	Zip 33324	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2771393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Joel Pistrkowski**
 Street Address (P.O. Box Number is Not Acceptable)
627 71 Street

City **Miami Beach** FL Zip Code **33141**

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 _____ (NOTE: Registered Agent signature required unless otherwise indicated) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$300.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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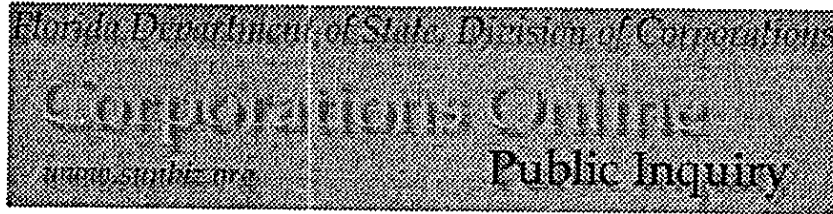
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reiter, Ben, President/Dir. 201 NW 82 Ave # 306 Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Verblow, Clive VP/Dir 201 NW 82 Ave # 306 Plantation, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **4/16/02** **954 4727432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)



Florida Profit

FIRST MED BOCA, INC.

PRINCIPAL ADDRESS

201 NW 82 AVE
 STE 306
 PLANTATION FL 33324 US
 Changed 04/25/1999

MAILING ADDRESS

201 NW 82 AVE
 STE 306
 PLANTATION FL 33324 US
 Changed 04/25/1999

Document Number
 J46846

FEI Number
 592771393

Date Filed
 12/09/1986

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Registered Agent

Name & Address
PIOTRKOWSKI, JOEL S. 627 - 71ST ST MIAMI BEACH FL 33141

Officer/Director Detail

Name & Address	Title
VERBLOW, CLIVE 201 NW 82 AVE., STE 306 PLANTATION FL 33324	VPD
REITER, BEN 201 NW 82 AVE., STE 306 PLANTATION FL 33324	P