

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/1

FILED
May 25, 2001 8:00 am
Secretary of State

05-07-2001 90026 040 ***150.00

DOCUMENT # K67371

1. Entity Name

BRANCHES MEDICAL INC.

Principal Place of Business

Mailing Address

3652 NW 16TH STREET
 LAUDERHILL FL 33311

3652 NW 16TH STREET
 LAUDERHILL FL 33311

3652 NW 16th St
 Lauderhill, FL 33311

2. Principal Place of Business

3. Mailing Address

654 W. Randolph

654 W. Randolph

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3RD FLOOR

3RD FLOOR

City & State

City & State

Chicago, IL

Chicago, IL

Zip

Country

Zip

Country

60661

USA

60661

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, HAMISH C.
 2917 N.W. 95TH AVENUE
 CORAL SPRINGS FL 33065

Name

REED, CYNTHIA

Street Address (P.O. Box Number is Not Acceptable)

654 W. Randolph
 3RD FLOOR

549 NW 87 WAY

City

Chicago, IL

Zip Code

60661

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

Cynthia Reed

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

(NOTE: Registered Agent signature required when re/setting)

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 \$150.00
After MAY 1, 2001 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

TITLE	C	<input type="checkbox"/> Delete
NAME	REED, HAMISH C.	
STREET ADDRESS	7543 NW 60TH LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	P	<input type="checkbox"/> Delete
NAME	REED, CYNTHIA V.	
STREET ADDRESS	549 NW 87TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input type="checkbox"/> Delete
NAME	REED, ARJESTER	
STREET ADDRESS	4201 SO VINCENNES	
CITY-ST-ZIP	CHICAGO IL 60653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Cynthia Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

312-441-1610

Date

Daytime Phone #

CB2E034 (10/00)