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

## L26891 **DOCUMENT #**

1. Entity Name

SPECTRUM MEDICAL SERVICES, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90396 017 \*\*\*150.00

						4					
Principal Place 7171 CORAL V	of Business NAY, SUITE 100	Mailing 7171	Mailing Address 7171 CORAL WAY, SUITE 100								
MIAMI FL 33155		*****	MIAMI FL 33155				1 680 (1811 A) B (1818 A) A) (1818 II	181 (1881 <b>4.18</b> 2) <b>818</b>	II. 4688 BIBII <b>4</b> 7	<b>:                                      </b>	
US		US				Ì					
2. Principal Place of Business		3. Mail	3. Mailing Address				\$	<b>                                    </b>	ii dibii bidii b	IBU BIBIL SEBI	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
0.000		City	City & State			4. FE	1 Number 65 0174020		Ap	plied For	
City & State		City					65-0171239			t Applicable	
Zip	Country		Zip Coun			5. Certificate of Status Desire			Fee Required		
	6. Name and Address of	Current Registere	ed Agent	N.I.		7. Na	ime and Address of New R	egistered A	<u>jent</u>		
, ,			Name								
SANCHEZ	, Luis A. / 74 Terrace		Street Addres			s (P.O. Box Number is Not Acceptable)					
MIAMI FL								<u> </u>			
IVIDAIVII 1 L	00100				ity			FL	Zip Code	e	
				,	•		at as both in the State of Ele		miliar with	and accept	
8. The above the obligation	named entity submits this stations of registered agent.	tement for the purp	oose of changing its	s registerea o	nice or regis	kereo ayei	III, OF DOIN, IN THE STATE OF THE	niga. Tani ia		<b></b>	
SIGNATURE .	: Signature, typed or printed name of regis	tent in opent and title if app	nticable (NO)	TE: Registered Age	nt signature requ	ired when rein	estating)	DATE	<del></del>		
· · ·											
F Afte	LE NOW!!! FEE IS \$150 May 1, 2003 Fee will be \$	3.00 ¥ 3550.00					<ol> <li>Election Campaign Fit Trust Fund Contribution</li> </ol>			May Be I to Fees	Ì
Make Check	Payable to Florida Depar	tment of State							DIDECTOR	0.10.11	
10.		RS AND DIRECTO		11.		ADD	DITIONS/CHANGES TO OFF	-ICERS AND	☐ Change	Addition	Í
TITLE	P CANCUET HIS A		☐ Delete	TITLE NAME					Onlinge		10,7
NAME STREET ADDRESS	SANCHEZ, LUIS A.			STREET AC	DDRÈSS						2
CITY-ST-ZIP	MIAMI FL 33173			CITY-ST-	ZIP					P <sup>2</sup>	1 2
TITLE			☐ Delete	TITLE					☐ Change	Addition	1
NAME				NAME - STREET AU	ODRESS	ساعد مر		بعالب سيبين	<b>.</b> -		
STREET ADDRESS CITY-ST-ZIP			, -	CITY-ST-	I .						
TITLÉ			☐ Delete	TITLE		<u>-</u> .			☐ Change	☐ Addition	
NAME				NAME STREET AS	DDDCCC				*		
STREET ADDRESS				CITY-ST-							
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NAME STREET ADDRESS				STREET A	DDRESS						
CITY-ST-ZIP		· (* .,		CITY-ST-	ZIP					A.J.491:	-
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME		,		NAME STREET A	DDRESS						
STREET ADDRESS				CITY-ST-	1						

12. 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 trusted empowered to execute 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 addless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FETTE LEVES AND HE -SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03 305-204-2021