## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2001 8:00 am **DOCUMENT # L53807 Secretary of State** 1. Entity Name A-1 MEDICAL, INC. 02-26-2001 90543 006 \*\*\*163.75 Mailing Address Principal Place of Business P.O. BOX 22 - 1626 1107 N 21ST AVE HOLLYWOOD FL 33022 HOLLYWOOD FL 33020 814795 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0174812 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHAMBACH, DONALD 501 NE 14TH AVENUE #408 HALLANDALE FL 33009 City 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 handock FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITI F A Delete TITLE SCHAMBACH, DONALD NAME STREET ADDRESS STREET ADDRESS 501 NE 14TH #408 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL Change ☐ Addition ☐ Delete TITLE TITLE SCHAMBACH, MAVIS NAME NAME 501 NE 14TH AVE #408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition \_\_\_\_.Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE: Maris Shan lach Mavis Shamback 2-19-01 954 457-390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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