

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90116 022 \*\*\*150.00

**DOCUMENT # L53807**

1. Entity Name

**A-1 MEDICAL, INC.**

Principal Place of Business

**515 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020**

Mailing Address

**515 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020**

2. Principal Place of Business

**230 N. Dixie Hwy**

Suite, Apt. #, etc.  
**Bay 22**

City & State  
**Hollywood, FL**

Zip  
**33020**

Country  
**USA**

3. Mailing Address

**230 N. Dixie Hwy**

Suite, Apt. #, etc.  
**Bay 22**

City & State  
**Hollywood, FL**

Zip  
**33020**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0174812**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERIA, ILEANA G  
515 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Carlos Diaz-Balle**  
Street Address (P.O. Box Number is Not Acceptable)  
**230 North Dixie Highway**  
**Bay 22**  
City **Hollywood** FL **33020**

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 **Carlos Diaz-B**

**2-19-2002**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST FERIA, ILEANA G 515 SOUTH 21ST AVENUE HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FERIA, ILEANA G 515 SOUTH 21ST AVENUE HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST D Carlos Diaz 230 N. Dixie Highway, Bay 22 Hollywood, FL 33020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Carlos Diaz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-2002 954-929-8515**

Date

Daytime Phone #

014/45/ A.V