

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90094 010 \*\*\*150.00

0348609 AV

**DOCUMENT # L79762**

1. Entity Name

**GOLD COAST MEDICAL / LEGAL CONSULTANTS, INC.**



Principal Place of Business

% RICHARD J. ROSELLI  
700 SE 3 AVE # 100  
FT LAUDERDALE FL 33316

Mailing Address

% RICHARD J. ROSELLI  
700 SE 3 AVE # 100  
FT LAUDERDALE FL 33316

2. Principal Place of Business

700 SE 3rd Avenue, #100

Suite, Apt. #, etc.

3. Mailing Address

700 SE 3rd Avenue, #100

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0204852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSELLI, RICHARD J.

700 SE 3 AVE

SUITE 100

FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Jon E. Krupnick

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

700 SE 3rd Avenue, Suite 100

City

Fort Lauderdale

FL

Zip Code

33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Jon E. Krupnick, President

3/25/2003

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
D KRUPNICK, JON E.  
STREET ADDRESS  
700 SE 3 AVE #100  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
D CAMPBELL, WALTER G., JR.  
STREET ADDRESS  
700 SE 3 AVE #100  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☒ Delete

NAME  
D ROSELLI, RICHARD J.  
STREET ADDRESS  
700 SE 3 AVE #100  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
D BUSER, THOMAS E.  
STREET ADDRESS  
700 SE 3 AVE #100  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
D SLAMA, JOSEPH J.  
STREET ADDRESS  
700 SE 3 AVE #100  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 trustee 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 address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2003 (954) 763-8181

Date

Daytime Phone #

CR2E034 (10/02)