

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90425 001 \*\*\*\*\*50.00  
 06-05-2002 90425 002 \*\*\*\*\*5.00

**DOCUMENT # L99000007829**

1. Entity Name  
**EVEREST MEDICAL L.C.**

Principal Place of Business

**2585 N.W. 74TH AVE.  
 MIAMI FL 33122**

Mailing Address

**2585 N.W. 74TH AVE.  
 MIAMI FL 33122**

**91776**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0971403**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEPOZSGAY, GEORGE ESQ.  
 2950 S.W. 27TH AVE., SUITE 210  
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **OTERO, ALBERTO**  
 STREET ADDRESS **CALLE TOLEDO 43 "LUNA VIEJA" BELNALMADENA**  
 CITY-ST-ZIP **29639 MALAGA SPAIN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
 NAME **HERNANDEZ, ORESTES**  
 STREET ADDRESS **8864 NW 110 STREET**  
 CITY-ST-ZIP **MIAMI FL 33018**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
 NAME **LAURA DEL RIO PEREZ**  
 STREET ADDRESS **1560 AGUA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
 NAME **PEREZ, MANUEL**  
 STREET ADDRESS **1560 AGUA AVE.**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)