

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M40180

1. Entity Name

TRAUMA CARE ASSOCIATES, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90216 032 ***550.00

0050891
AV

Principal Place of Business

1175 NE 125TH ST.
N MIAMI FL 33161

Mailing Address

1175 NE 125TH ST.
N MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3801 TURTLE CREEK DR.

Suite, Apt. #, etc.

#A212

3. Mailing Address

8181 W. BROWARD BLVD

Suite, Apt. #, etc.

255

City & State

CORAL SPRINGS FL

City & State

PLANTATION FL

4. FEI Number

59-2740242

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARK, BARRY, CPA

STARK & BENNETT, P.A.

3900 HOLLYWOOD BLVD., STE 206

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

KEITH BENNETT, CPA

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

8181 W. BROWARD BLVD STE 255

City

PLANTATION

FL

Zip Code

33324

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.

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
D
SICHEWSKI, VERNON
2841 N. OCEAN BLVD.
FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02 (954)
561-2296

CR2E034 (4/02)