

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90072 011 ****61.25

DOCUMENT # N00000002048

1. Entity Name

LIFESAVE NETWORK, INC.

Principal Place of Business

**1777 S. ANDREWS AVE., STE. 300
 FT. LAUDERDALE FL 33316**

Mailing Address

**1777 S. ANDREWS AVE., STE. 300
 FT. LAUDERDALE FL 33316**

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

65-1000876

Applied For

Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTRO, V. LOMBARDO M.D.
 1777 S. ANDREWS AVE., STE. 300
 FT. LAUDERDALE FL 33316**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **STOLL, AMOS M.D.**
 STREET ADDRESS **1314 SE 2ND AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **VD** ☐ Delete
 NAME **ORSECK, JEFFREY ESQUIRE**
 STREET ADDRESS **1111 EAST BROWARD BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **TD** ☐ Delete
 NAME **CASTRO, ANA**
 STREET ADDRESS **1777 SOUTH ANDREWS AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 617, 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 REQUIRED

Amos Stoll, M.D. 1-11-02 (954) 763-6655

CR2E037 (9/01)