

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003602

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: FUNDACION DE INFORMATICA MEDICA, INC.

**Current Principal Place of Business:**

1111 BRICKELL BAY DRIVE  
SUITE 2703  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1111 BRICKELL BAY DRIVE  
SUITE 2703  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 01-0687543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLIVERI, NORA  
1111 BRICKELL BAY DRIVE  
SUITE 2703  
MIAMI, FL 33131

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLIVERI, NORA  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete  
Name: SCHEJTMAN, DALIA  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: STD ( ) Delete  
Name: KOT, RUBEN  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: SANDOR, TOMAS  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: OLIVERI, NORA DR  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: VD (X) Change ( ) Addition  
Name: RODRIGUES, ROBERTO DR  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: VSD (X) Change ( ) Addition  
Name: KOT, RUBEN  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change ( ) Addition  
Name: SANDOR, TOMAS ENG  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Change (X) Addition  
Name: FABIA BEAUMONT, GLADYS DR  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Change (X) Addition  
Name: MARTINI, CARLOS MD, MPH  
Address: 1111 BRICKELL BAY DRIVE SUITE 2703  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA OLIVERI

Electronic Signature of Signing Officer or Director

PDT

04/24/2003

\_\_\_\_\_ Date