

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90139 023 \*\*\*150.00

11/17/03  
AV

**DOCUMENT # P00000004317**

**1. Entity Name**  
**METRO WEST HEALTH MANAGEMENT CO. INC.**



**Principal Place of Business**  
**5600 W. COLONIAL DRIVE STE 202**  
**ORLANDO FL 32808**

**Mailing Address**  
**5600 W. COLONIAL DRIVE STE 202**  
**ORLANDO FL 32808**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3616425**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SCHMIDT, NORA**  
**5600 W. COLONIAL DRIVE STE 202**  
**ORLANDO FL 32808**

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. 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

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Delete  
**NAME** ~~**LERNER, BENJAMIN**~~  
**STREET ADDRESS** ~~**700 W VINE STREET**~~  
**CITY-ST-ZIP** ~~**KISSIMMEE FL 32744**~~

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

**TITLE** **D** ☒ Delete  
**NAME** ~~**BROUMAND, ALEXANDER**~~  
**STREET ADDRESS** ~~**PO BOX 6097**~~  
**CITY-ST-ZIP** ~~**ORLANDO FL 32808**~~

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

**TITLE** **S** ☐ Delete  
**NAME** **SCHMIDT, NORA**  
**STREET ADDRESS** **5600 W. COLONIAL DR.**  
**CITY-ST-ZIP** **ORLANDO FL 32808**

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

**TITLE** ☐ Delete  
**NAME** **Nasser Jamal IP**  
**STREET ADDRESS** **427 E. Tarpon Ave.**  
**CITY-ST-ZIP** **Tarpon Sprilng FL 34689**

**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**

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

**1/20/03**

Date

**727-939-0850**

Daytime Phone #

CR2E034 (10/02)