

**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

1176848 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

4. FEI Number **59-3616425**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LERNER, BENJAMIN
STREET ADDRESS	700 W VINE STREET
CITY-ST-ZIP	KISSIMMEE FL 32744
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BROUMAND, ALEXANDER
STREET ADDRESS	PO BOX 6097
CITY-ST-ZIP	ORLANDO FL 32953
TITLE	S <input type="checkbox"/> Delete
NAME	SCHMIDT, NORA
STREET ADDRESS	5600 W. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	<input type="checkbox"/> Delete
NAME	Nasser Jamal P
STREET ADDRESS	427 E. Tarpon Ave.
CITY-ST-ZIP	Tarpon Sprilop Fl. 34689
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** **1/20/03** **727-939-0850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)