

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90156 003 ***150.00

DOCUMENT # P00000062657	
1. Entity Name US LIFE MEDICAL CENTER, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3948 OSPREY CT Suite, Apt. #, etc.	3. Mailing Address 3948 OSPREY CT Suite, Apt. #, etc.
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City & State WESTON, FLORIDA Zip 33331	Country USA	City & State WESTON, FLORIDA Zip 33331	Country USA
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4. FEI Number 65-1024893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name PETER GEDIHOVICH	
Street Address (P.O. Box Number is Not Acceptable) 3948 OSPREY CT	
City WESTON	Zip Code FL 33331

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 <i>[Signature]</i> PETER GEDIHOVICH, VICE-PRESIDENT 03/24/2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ERIC FRID 3948 OSPREY CT WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETER GEDIHOVICH 3948 OSPREY CT WESTON, FL 33331	TITLE 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.	SIGNATURE: <i>[Signature]</i> VICE-PRESIDENT 03/24/2003 954-817-9566 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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