

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90056 001 \*\*\*150.00

0263819 AV

**DOCUMENT # P00000071329**

**1. Entity Name**  
**SUNNY ISLES MEDICAL - ASSOCIATES INC.**

Principal Place of Business 17100 COLLINS AVENUE SUITE 207 SUNNY ISLES BEACH FL 33160	Mailing Address 17100 COLLINS AVENUE SUITE 207 SUNNY ISLES BEACH FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1027000</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ITCHMELIAN, ANDRANIK</b> <b>17100 COLLINS AVENUE</b> <b>SUITE 207</b> <b>SUNNY ISLES BEACH FL 33160</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> Zip Code <b>33160</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ITCHMELIAN, ANDRANIK		NAME		
STREET ADDRESS	3001 SOUTH OCEAN DRIVE #6J		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARAPETYAN, ANAHIT		NAME		
STREET ADDRESS	3001 SOUTH OCEAN DRIVE #6J		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **4-5-02 (305) 945-5552**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)