

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000077086

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL ACCESS, P.A.

Current Principal Place of Business:

16401 NW 2ND AVE SUITE 204
SUITE 202
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

16401 NW 2ND AVE SUITE 204
SUITE 202
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

16401 N.W. 2ND AVENUE
202
NORTH MIAMI BEACH, FL 331696036

New Mailing Address:

16401 N.W. 2ND AVENUE
202
NORTH MIAMI BEACH, FL 331696036

FEI Number: 65-1031169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBBS, TERRENCE L
16401 NW 2ND AVE SUITE 204
NORTH MIAMI BEACH, FL 33169

Name and Address of New Registered Agent:

IBBS, TERRENNCE L
16401 NW 2ND AVE SUITE 204
202
NORTH MIAMI BEACH, FL 331696036

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: TERRENCE L. IBBS

04/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IBBS, TERRENCE L
Address: 16401 NW 2ND AVE SUITE 204
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: IBBS, TERRENCE L
Address: 16401 N.W. 2ND AVENUE, # 202
City-St-Zip: NORTH MIAMI BEACH, FL 331696036

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRENCE L. IBBS

DR.

04/23/2002

Electronic Signature of Signing Officer or Director

Date