

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90126 020 ***150.00

DOCUMENT # P00000077725

1. Entity Name
THE ACCIDENT CLINIC, INC.

Principal Place of Business
5440 NORTH STATE ROAD 7 #220
TAMARAC FL 33319

Mailing Address
5440 NORTH STATE ROAD 7 #220
TAMARAC FL 33319

2. Principal Place of Business
5409 N. State Rd. 7
 Suite, Apt. #, etc.

3. Mailing Address
5409 N. State Rd 7
 Suite, Apt. #, etc.

City & State
Tamarac, Fl.

Zip
33319 Country

City & State
Tamarac, Fl.

Zip
33319 Country

4. FEI Number
65-1032400

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERNANDEZ, WINSTON O
5440 NORTH STATE ROAD 7 #220
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name
Winston O. Hernandez
 Street Address (P.O. Box Number is Not Acceptable)
54
5409 North State Rd. 7.
 City
Tamarac, FL Zip Code
33319

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
D
 NAME
HERNANDEZ, WINSTON O
 STREET ADDRESS
5440 NORTH STATE ROAD 7 #220
 CITY-ST-ZIP
TAMARAC FL 33319

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
Winston O. Hernandez
 STREET ADDRESS
5409 North State Rd. 7
 CITY-ST-ZIP
Tamarac, Fl. 33319

TITLE
 NAME
 STREET ADDRESS
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-02

Date Daytime Phone #

CR2E034 (4/02)



Attachment
#T000000677725
975218

August 5, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

This letter is to explain that THE ACCIDENT CLINIC, INC., never received a 2002 uniform business report, therefore is considered to be late. Enclosed please find the application with correct information and a check for \$150.00.

If you have any questions please feel free to call me at (954) 733-3339.

Thank you,

Angie Fajardo
Secretary
Total Rehab & Medical Centers, Inc.