

2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 12, 2004 8:00 am  
Secretary of State

04-12-2004 90683 012 \*\*\*158.75

DOCUMENT # P00000095789

1. Entity Name  
SEACREST MEDICAL TOWER, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2298 N.W. 2nd. Ave.

3. Mailing Address  
2298 N.W. 2nd. Ave.

Suite, Apt. #, etc.  
#21

Suite, Apt. #, etc.  
#21

City & State  
Boca Raton, Fla.

City & State  
Boca Raton, Fla.

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA

4. FEI Number  
650239187

Applied For  
Not Applicable

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

94051089

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Solis, Francisco A.

Street Address (P.O. Box Number is Not Acceptable)  
2298 N.W. 2nd. Ave. Suite # 21

City Boca Raton, FL Zip Code  
33431

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 \_\_\_\_\_

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  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Solis, Francisco A.  
2298 N.W. 2nd. Ave. Suite #21  
Boca Raton, Fla. 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5/04

Date

561-750-3004

Daytime Phone #

CR2E034B (12/02)