

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90136 010 \*\*\*150.00

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AV

**DOCUMENT # P00000097432**

1. Entity Name

**HEALTH WELLNESS MEDICAL REVIEW SERVICES, INC.**



Principal Place of Business  
**12608 NORTHWEST 11TH COURT  
SUNRISE FL 33323**

Mailing Address  
**12608 NORTHWEST 11TH COURT  
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address

**12717 W. SUNRISE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**419**

City & State

**SUNRISE Florida**

4. FEI Number

**65-1052362**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33323**

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

**Ronald M. Prupis**

Street Address (P.O. Box Number is Not Acceptable)

**12608 NW 11th Ct.**

**Sunrise**

City

**SUNRISE**

**FL**

Zip Code  
**33323**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/14/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRUPIS, RONALD</b>	
STREET ADDRESS	<b>12608 NORTHWEST 11TH COURT</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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

Date

Daytime Phone

**5/14/03 888-720-1776**  
**225**

CR2E034 (10/02)