## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000112086

Entity Name



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90194 019 \*\*\*150.00

. Entity Name COLEE HAM	IMOCK MEDICAL CENTI	ER, INC.		}\						
Principal Place of 517 IDLEWYLD DF FORT LAUDERDAL	₹.	517 IDLE	Mailing Address 517 IDLEWYLD DR. FORT LAUDERDALE FL 33301							
2. Principal Place of Business			3. Mailing Address							
		Suite,	Suite, Apt. #, etc.  City & State			7	☐ CHECK HERE IF MAKIN			
Suite, Apt. #,		City &				4. FE	Number 65-1092851		ed For applicable	
City & State					trv		ertificate of Status Desired	\$8.75 Addition		
Zip	Country	Zip		Court		l l	me and Address of New Registere			
	6. Name and Address of Curre	nt Registered	l Agent		Name	7. Na	me and Address of New Registers			
	Q. Harris V.				ì	(0.0.0=	x Number is Not Acceptable)			
MARSH, KERRY M					Street Addre	ss (P.O. Bo	X Multipet is not no ap-			
517 IDLEWYLD DR.								7:- Codo		
FORT LAUDERDALE FL 33301					City	City FL Zip Code				
ı			of absorbing its	e registe	red office or rea	istered age	ent, or both, in the State of Florida. I a	am familiar with, a	nd accept	
8. The above r	named entity submits this statement ons of registered agent.	it for the purp	ose or changing is	- 109,010						
tne obligatio	one or registered again.					_				
SIGNATURE -	Signature, typed or printed name of registered a	gent and title if app	nlicable. (NO	TE: Registe	ered Agent signature re	equired when re			O May Bo	
FILE NOW!!! FEE IS \$150.00							<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		May Be to Fees	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
	OFFICERS /	AND DIRECTO	ORS		1.	AE	DUTTONS/CHANGES TO C.T. IO ELIZ	☐ Change	Addition	
TITLE NAME	PSTD MARSH, MICHELLE C		☐ Delete	N S	ITLE IAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 3330	)1			CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME			☐ Delete	_ l	TITLE NAME STREET ADDRESS					
STREET ADDRESS			<u></u>		CITY-ST-ZIP	<del></del>		☐ Change	Addition	
CITY-ST-ZIP	-	<del></del>	☐ Delete	- 1	TITLE NAME					
TITLE NAME				- 1	STREET ADDRESS					
STREET ADDRESS					CITY-ST-ZIP			Change	Addition	
CITY-ST-ZIP			☐ Delete		TITLE					
TITLE NAME	,			1	NAME STREET ADDRESS					
STREET ADDRESS	s			1	CITY-ST-ZIP			Change	Addition	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Delete		TITLE					
TITLE	1				NAME	l				

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 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 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 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 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 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 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 indicated on this 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 indicated on this 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 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 indicated on this report is true and accurate and that my signature shall have the same legal effect

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

Delete

Addition

☐ Change