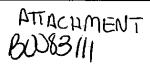
## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## r 1LED May 01, 2002 8:00 am Secretary of State 05-01-2002 01500 000 DÖCUMENT# P01000006689 1. Entity Name GOLANSKI MEDICAL SERVICES. INC. Principal Place of Business Mailing Address 8420 WEST FLAGLER STREET 8420 WEST FLAGLER STREET SUITE 220 SUITE 220 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent -----6. Name and Address of Current Registered Agent FERNANDEZ, MANUEL F M.D. Street Address (P.O. Box Number is Not Acceptable) 8420 WEST FLAGLER STREET SUITE 220 **MIAMI FL 33144** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PTSD TITLE Delete TITLE ☐ Change ☐ Addition FERNANDEZ, MANUEL F M.D. NAME NAME 8420 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE DILE ☐ Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



## Form SS-4

(Rev. December 2001) Department of the freegy

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

| SERVICES PROVIDED  16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No Note: If "Yes," please complete lines 16b and 16c.  16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above, Legal name > Trade name > Trade name >   |           | riment of the  | he Treasury<br>: Service                                  | ► See separ         | ate instructio | ns for each   | line.   | ► Keep a co                           | py for your re                         | cords.  | OMB No. 1545-0003                      | I                      |  |
|--|-----------|--|---|---------------------|----------------|---------------|---|---------------------------------------|--|---|--|------------------------|--|
| As Mailing address from, npt, suite no, and street, or P.O. box  |           |  |   | ity (or individual) | for whom the   |               |   | ted                                   |  |   |  |                        |  |
| ## Suppose Suppose Suppose Suppose Suppose Supposed Sup | early.    | 2 Tre  | Trade name of business (it different from name on line 1) |                     |                |               | 3 E>  | 3 Executor, trustee, "care of" name   |  |   |  |                        |  |
| A Courty and states where principal business is located   MIAM-DADE, FLORIDA   |           |  |   |                     |                |               | 5a Street address (if different) (Do not enter a P.O. box.) |                                       |  |   |  |                        |  |
| Set Name of principle officer, general pertinar, grantor, owner, or trustox   Set Name of principle officer, general pertinar, grantor, owner, or trustox   Set Name of principle officer, generally   Set Name of principle of earlity (check only one box)   Set proprietor (SSM)   Pertinarship   Trust (SSN of descedant)   Pertinarship   Set proprietor (SSM)    |           | 2  |   |                     |                | 5b Ci         | 5b City, state, and ZIP code                                |                                       |  |   |  |                        |  |
| Name of principal offices, garwell pertner, grantor, owner, or Inustor   76 SSN, TIN, or EIN   894-17-2003   | Zype      |  |   |                     |                |               |   | P01000006689                          |  |   |  |                        |  |
| Sole propretion (SSM)  |           |  |   |                     |                |               | 1   |                                       |  |   |  |                        |  |
| Sole propretion (SSM)  | 8a        | Type o   | f entity (check   | only one box)       |                |               |   | Estate (SSN of decedent)              |  |   |  |                        |  |
| Pertornal service corp.   Trust (SSN of grantor)   State/hocal government  |           |  |   |                     |                |               |   | _                                     |  |   |  | _                      |  |
| Corposition (critic form number to be filed).  |           | _  | • •   | ,                   |                |               |   |                                       |  |   |  |                        |  |
| Personal service corp.   |           |  |   | ere sumber to be    | file () b      | · —           |   |                                       |  |   | acal coverement                        |                        |  |
| Churten or church-controlled organization (Specify)   Group Exemption Number (GEN)   |           |  |   |                     |                |               | ········  |                                       |  |   |  |                        |  |
| Other (notrofit organization (specify) > Group Exemption Number (GEN) >  |           | _  |   | •                   |                |               |   |                                       |  |   | -                                      |                        |  |
| Ditter (specify) ► CORPORATION   |           |  |   | ~                   |                |               |   |                                       |  |   |  | 201385                 |  |
| B  |           |  |   |                     |                |               |   | Group Exem                            | aption Numbe                           | r (GEN) 🕨   |  |                        |  |
| 9 Reason for applighing (check city) one box)  | 41        |  |   |                     |                | 41            |   |                                       |  |   | · · · · · · · · · · · · · · · · · · ·  |                        |  |
| Started new business (specify type)  | 85        |  |   |                     | eign country   |               |   | • • •                                 | Fore                                   | ign countr  | Y<br>                                  |                        |  |
| Started new business (specify type)  | 9         | Reason   | for applying (c   | heck only one bo    | )x)            |               | anking s  | ourpose (specif                       | v purpose) ►                           |   | 5,40                                   |                        |  |
| Hired employees (Chack the box and see line 12.)   Created a trust (specify type)  |           | ☑ Started new business (specify type) ► ☐ Changed type of organization (specify new type) ►  |   |                     |                |               |   |                                       |  |   | ************************************** |                        |  |
| Compilance with IRS withholding regulations   Created a pension plan (specify type)   Cities (specify)   |           | =  |   |                     |                |               |   |                                       |  |   |  |                        |  |
| Other (specify)  =   Date business started or acquired (month, day, year)   Date business started or acquired (month, day, year)   DeCEMBER  |           |  |   |                     |                |               |   |                                       |  | ·   |  |                        |  |
| Date business started or acquired (month, day, year)    11 Closing month of accounting year   DECEMBER    12 First date wages or anulties were paid or will be paid (month, day, year).   Note: if applicant is a withholding agent, enter data income will first be paid to nonresident alien, imonth, day, year).  |           |  |   | s withholding re    | guiations      |               | (eated a  | beuzion bian (:                       | specify type)                          | • <del></del>   |  |                        |  |
| First date wages or annultes were paid or will be paid (month, day, year). Note: if applicant is a withholding agent, enter date income will first be paid to nonresident ailen. (month. day, year).  13 Highest number of employees expected in the next 12 months. Note: if the applicant does not applicate to have any employees during the period, enter "0."  14 Check one box that best describes the principal activity of your business. A health care 4 social assistance. Wholesale-agent/proker are all construction. Rental & leasing transportation & warehousing Accommodation & food service. Wholesale-agent/proker finance & insurance. Other specify.  15 Indicate principal line of merchandise sold: specific construction work done; products produced; or services provided.  SERVICES PROVIDED  16a Has the applicant ever applied for an employer identification number for this or any other business? Wes Provided.  16b If you checked "Yes" please complete lines 16b and 16c.  16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application number if known. Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo. day, year)  16c Approximate date when filed (mo. day, year)  17bird  18c Complete the section entry if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  18c Complete the section entry if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  18c Complete the section entry if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  18c Complete the section entry if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  18c Complete the section entry if you want to authorize the named  |           |  |   | i                   |                |               |   | r<br>Trif. I aansani                  | · · · · · · · · · · · · · · · · · · ·  |   |  |                        |  |
| If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.   If you checked "Yes" on line 16a, give applicant's legal name   If you checked "Yes" on line 16a, give applicant's legal name   If you checked when filed (mo. day, yes)  | 70        |  |   |                     |                |               |   |                                       |  |   |  |                        |  |
| expect to have any employees during the period, enter "-0."    Check one box that best describes the principal activity of your business.   Health care & social assistance   Wholesale-agent/aroker   Construction   Rental & leasing   Transportation & warehousing   Accommodation & food service   Wholesale-agent/aroker   Retail   Real estate   Manufacturing   Finance & Insurance   Other (specify)    Indicate principal fine of merchandise solid; Specific construction work done; products produced; or services provided.    Services Provided   Se  | 12        | First date wages or annuitles were paid or will be paid (month, day, year). Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) |   |                     |                |               |   |                                       |  |   |  |                        |  |
| Construction Rental & leasing Finance & insurance Other (specify)  Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  SERVICES PROVIDED  16a Has the applicant ever applied for an employer identification number for this or any other business? Yes Nov. If Yes Nov. If Yes on the applicant ever applied for an employer identification number for this or any other business? Yes Nov. If Yes I No Nove: If Yes, "please complete lines 16b and 16c.  16b If you checked "Yes" on time 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name Finance on the I name is the previous employer identification number if known. Approximate date when filed (mo., day, year)  16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Previous EIN  Complete this section only if you wan to authorize the named individual to recains the entity's EIN and answer questions about the completion of this form.  Third Designes's name Gloria M. Batule, CPA  782 N. Le Jeune Road  Under penalties of polyry, I declare that I have examined this application, and to the best of my knowledge and befort, it is true, correct, and complete.  MANUAL FORD AND OPE TO SERVICES (SOS) 1013-0185  Signature FORD AND OPE TO SERVICES (SOS) 1013-0185  | 13        | 3 Highest number of employees expected in the next 12 months. Note: If the applicant does not Agricultural Household Other expect to have any employees during the period, enter *-0"                |   |                     |                |               |   |                                       |  |   |  |                        |  |
| SERVICES PROVIDED  16a Has the applicant ever applied for an employer identification number for this or any other business?  | 14        | ☐ Con  | nstruction 🔲 R  | ental & leasing     | Transporte     | tion 🖟 wareho | iaing 🔲   | Accommodatio                          | social assistance<br>in & food service | ⊋ □ Whi   | · ·                                    | ţil                    |  |
| Note: If "Ves," please complete lines 16b and 16c.  18b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  Legal name   Trade name   Trade name   Trade name   Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  Approximate date when filed (mo., day, year)  City and state where filed  Complete this section only if you want to authorize the named individual to receive the entity's EiN and answer questions about the completion of this form.  Designee's name  Gloria M. Batule, CPA  Party  Designee's name  Address and 2IP code  Suite 447  Milamit, FL 33126  Under penalties of porjury, I declare that I have examined this application, and to the best of my knowledge and beful, it is true, correct, and complete.  MANULL F. PRIVATIONEZ, PRIVA | 15        |  |   |                     |                |               |   |                                       |  |   |  |                        |  |
| Legs name  18c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year)  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name  Gloria M. Batule, CPA  782 N. Le Jeune Road  Obsignee's fax number (include area code)  Marmi, FL 33126  Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANUEL F. PRINTINGE TO  | 16a       | 6a Has the applicant ever applied for an employer identification number for this or any other business?  |   |                     |                |               |   |                                       |  |   |  |                        |  |
| Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Third Party Designed Address and ZIP code Suite 447 Miarmi, FL 33126 Under penalties of porjury, I declare that I have examined this application, and to the best of my knowledge and beford, it is true, correct, and complete.  MANUAL F- CRNINIOCZ, TOOS.  Signature > Designed Start number (include area code)  (305) 447-9101  | 16b       | If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.   |   |                     |                |               |   |                                       |  |   |  | ve,                    |  |
| Third Party Party Designee Address and 2IP code Suite 447 Miami, FL 33126 Under penaltiss of porjury, I declare that I have exarring this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOCZ, FROS.  Applicant's telephone number (include area code)  Manual F. 33126  Description of porjury, I declare that I have exarring this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOCZ, FROS.  Applicant's telephone number (include area code)  1305) 207-1818  Applicant's telephone number (include area code)  Signature > Description of particular and complete area code)   | 16c       |  |   |                     |                |               |   |                                       | us employer i                          |   |  |                        |  |
| Third Party Party Designee Address and 2IP code Suite 447 Miami, FL 33126 Under penaltiss of porjury, I declare that I have exarring this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOCZ, FROS.  Applicant's telephone number (include area code)  Manual F. 33126  Description of porjury, I declare that I have exarring this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOCZ, FROS.  Applicant's telephone number (include area code)  1305) 207-1818  Applicant's telephone number (include area code)  Signature > Description of particular and complete area code)   |           |  | Complete this are   | the act of the con- | 10 10000000    | namad indicid | to roos   | the estima EISI                       | of groups and the                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | compain of the                         |                        |  |
| Party Designee Address and 2IP code Suite 447 Milami, FL 33126 Under penaltiss of porjury, I declare that I have examined this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOCZ, FROS.  Applicant's eleptrone number (include area code)  Manual F. CRNANOCZ, FROS.  Desc.   |           |  | <u> </u>  |                     |                |               | (0 1408)41  | F WAS BUILTY'S CONT BE                | O SIGNE GOESOO                         |   |  |                        |  |
| Designee's fax number (include area Code)  Whitemap it is application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOEZ, PZES.  Manual it is true, correct, and complete.  Manual F. CRNANOEZ, PZES.  Manual it is true, correct, and complete.  Manual F. CRNANOEZ, PZES.  Marine and title (type or print clearly)   Desc.  Desc. | -         |  | nesignes a usu  | CHO! MI             |                |               |   |                                       |  | 1 -   | _                                      | ,                      |  |
| Milarmi, FL 33126  Under penaltiss of porjury, I declare that I have examined this application, and to the best of my knowledge and before, it is true, correct, and complete.  MANULL F. CRNANOEZ, 77208.  Applicant's elephone number (include area code)  (305) 207-1818  Applicant's tax number (include area code)  Signature > PLINONOEZ, 000-000-0000  Dete > OU-OU-OU (305) 513-0185   |           | _  | 0 1 10  |                     |                |               |   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·  |   |  |                        |  |
| Under penalties of porjury, I declare that I have examined this application, and to the best of my knowledge and befor, it is true, correct, and complete.  MANULL F. FCRIVIAN 06.72, PC 6.59.  Applicant's telephone number (include area code)  (305) 207-1818  Applicant's telephone number (include area code)  Code FOLO-OC (305) 513-0185  | De        | signee   |   |                     |                |               | i   |                                       |  | 1 7   |  |                        |  |
| MANUEL F- FERNANDEZ, PRES.  Applicant's lelephone number (notate area code)  (305) 207-1818  Applicant's tex number (include area code)  Signature > Out-Out-Out-Out-Out-Out-Out-Out-Out-Out-  | i Index o | onaline of   | porium. I declare that i                                  |                     |                |               | vledov anni   | before it is true, com                | ect. and complets                      | annon de la companya della companya de la companya de la companya della companya | inintalanininin                        | TITA.                  |  |
| Signature > Oct-Oct-Oct (305 ) 513-0185  | i         | MAN  | suel F  | - Fea               |                |               | ¬) -  |                                       | and energy verify and                  | I .   |  | <i>(/))));</i><br>ode) |  |
| 5/gnzture > 9/1/1/2 (305) 513-0185   | Mame      | and tale (   | type or print clear                                       | (y) 🟲               |                | /             |   |                                       | <del>/</del> /-                        | + -   | <del></del>                            | -                      |  |
| For Privacy Actiant Paperwork Reduction Act Notice see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2001)   | Signat    | <sup>ns</sup> ► (  | All   | ull                 | 4              |               |   | Date - OU                             | 1-04-02                                | D. '  |  | ₫B)                    |  |
|  | For P     | ivacy A  | cyanu Paperw  | ork Reduction       | Act Notice, SI | e separate    | distruct  | ions. C                               | lat. No. 16055N                        | F   | form <b>55-4</b> (Rev. 12-2            | 001)                   |  |