P4 10TL

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-30-2004 90011 025 ***300.00
P01000007864

DOCUMENT # P01000007864

1. Entity Name
S.B.B. MEDICAL GROUP INC

W04-33516

FILED
05 JAN 14 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
24082326

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-04

2. Principal Place of Business	3. Mailing Address
3100 STERLING ROAD	3100 STERLING ROAD
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD, FL
Zip: 33021 / Country: BROWARD	Zip: 33021 / Country: BROWARD

4. FEI Number: 65-1071195 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name: SADITA BUSTAMANTE
Street Address (P.O. Box Number is Not Acceptable): Stirling Medical Group 3100 Stirling Road
City: Hollywood FL Zip Code: 33021

DO NOT WRITE IN THIS SPACE

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] Center Administrator / Owner
DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD	TITLE	
NAME	BUSTAMANTE SADITA B.	NAME	
STREET ADDRESS	3100 STERLING ROAD	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

900042436079
11/03/04--01027--019 **158.75

900042436079
01/19/05--01048--013 **150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/19/05 786-290-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

1/14/05

Attachment
24082324
P01000078444

AUGUST 11, 2004

S.B.B. MEDICAL GROUP, INC.
3100 Sterling Road
Hollywood, Fl 33021

DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTENTION: GENTLEMEN

THIS IS TO INFORM YOU THAT MY LATE PAYMENT WAS UNINTENTIONAL, DUE TO THE FACT THAT I NEVER RECEIVED THE ANNUAL REPORT. IF YOU COULD WAIVE THE LATE FEE IT WOULD BE KINDLY APPRECIATED.

SINCERELY,

SADITA BUSTAMANTE
S.B.B. MEDICAL GROUP, INC.