

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-13-2002 90156 022 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 01000015077**  
1. Entity Name  
**LAL Medical Associates, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**525 Coconut Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Weston FL**  
Zip  
**33326**  
Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
**65-1087388**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
**Karen Spigler**  
Address  
**499 NW 70th Ave**  
**Suite - 105**  
City  
**Plantation**

FL **33317**

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 **Karen Spigler**  
Signature: typed or printed name or recorded name and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE  
**4/25/02**

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

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Robert Watine, President**  
**525 Coconut Circle**  
**Weston, FL 33326**

TITLE  
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CITY-ST-ZIP

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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: **Robert Watine, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/25/02**  
Daytime Phone #  
**954 315 3040**

CR2E034B (12/01)