

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

0170846 AV

DOCUMENT # P01000033922

1. Entity Name
CHAMPION MEDICAL CORPORATION

02-01-2002 90042 044 ***150.00

Principal Place of Business
3000 N.E. 30TH PLACE STE 400
FT. LAUDERDALE FL 33306

Mailing Address
3000 N.E. 30TH PLACE STE 400
FT. LAUDERDALE FL 33306



2. Principal Place of Business
351 S. Cypress Rd

3. Mailing Address
Same

Suite, Apt. #, etc.
Suite 115

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State

4. FEI Number
65-1090081

Applied For
Not Applicable

Zip
33060

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

RODGERS, LLOYD K
3000 N.E. 30TH PLACE STE 400
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **Rita Solon**
Street Address (P.O. Box Number is Not Acceptable) **1410 S. Ocean Drive, #202**
City **Hollywood** **FL** **Zip Code** **33019**

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]* **Rita Solon** **1-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **RODGERS, LLOYD K**
STREET ADDRESS **751 SE 6 TERRACE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **SOLON, RITA**
STREET ADDRESS **1410 S. OCEAN DRIVE #202**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Rita Solon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 **954-646-0471**
Date Daytime Phone #

CR2E034 (9/01)