

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90652 005 \*\*\*150.00

**DOCUMENT # P01000057561**

1. Entity Name

**VITALITY MEDICAL CENTERS, INC.**

Principal Place of Business

**(1540) N POWERLINE RD 1ST FL**  
**POMPANO BEACH FL 33069**

Mailing Address

**(1540) N POWERLINE RD 1ST FL**  
**POMPANO BEACH FL 33069**

2. Principal Place of Business

**1520 N. POWERLINE RD**

Suite, Apt. #, etc.

3. Mailing Address

**1520 N. POWERLINE RD.**

Suite, Apt. #, etc.

City & State

**POMPANO Bch, FL**

Zip

**33069**

Country

**USA**

City & State

**POMPANO Bch, FL**

Zip

**33069**

Country

**USA**

4. FEI Number

**65-1114615**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBRIER, GILBERT**

**(1540) N POWERLINE RD 1ST FL**  
**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1520 N POWERLINE ROAD**

City

**FL**

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)

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

**CEO**  
**GILBERT ROSENBRIER**  
**1520 N. POWERLINE RD.**  
**POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☒ Addition

**CEO**  
**GILBERT ROSENBRIER**  
**1520 N. POWERLINE RD**  
**POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**  
**SHER SEIDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/01**

Date

**954-979-5990**

Daytime Phone #

013034 AV

CR2E034 (9/01)