

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000057707**

1. Entity Name

VITALITY MEDICAL CENTERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**1540 N POWERLINE ROAD 1ST FLOOR
POMPANO BEACH FL 33069****1540 N POWERLINE ROAD 1ST FLOOR
POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

1520 N. POWERLINE RD.
Suite, Apt. #, etc.**1520 N. POWERLINE RD.**
Suite, Apt. #, etc.

City & State

City & State

Pompano Bch, FL**Pompano Bch, FL**Zip
33069

Country

Zip
33069

Country

4. FEI Number

65-1126599

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBRIER, GILBERT**1540 N POWERLINE ROAD 1ST FLOOR
POMPANO BEACH FL 33069**

Name

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

1520 N. POWERLINE RD.

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

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**CEO
GILBERT ROSENBRIER
1520 N. POWERLINE RD
POMPANO BEACH, FL 33069**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**CEO
GILBERT ROSENBRIER
1520 N. POWERLINE RD.
POMPANO BEACH, FL 33069**☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied in 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 addendum with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT ROSENBRIER**5/21/02****954-979-5990**

Daytime Phone #

CR2E034 (9/01)