## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000075993 DOCUMENT #

1. Entity Name



**FILED** Mar 20, 2003 8:00 am Secretary of State

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STRATA	MEDICAL SERVICES, INC.				03-20-20	003 903/1 00	01 ****450.	.00
6891 NW 45	ace of Business TERR REEK FL 33073	Mailing Address 6891 NW 45 TERR COCONUT CREEK FL 33073	<u></u>					
2. Principal	Place of Business	3. Mailing Address						
7344			<u> 1.47 A</u>	rect		-		
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.			☐ CHECK H	ERE IF MAKING	G CHANGES	
	tation, FL	Plantation,	FL		4. FEI Number 65-1124	527	-	pplied For ot Applicable
Zip 3331	Country	333317	Browner	( .	5. Certificate of Status Desi	red 🗌	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of N	ew Registered	•	
MYEDS	GORDON W	د مصد استان د بیموند میک د	Name-	Mye	rs, Gordon	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~	
_	45 TERR		Street A	Address (P.	O. Box Number is Not Accep	table)		······, t
COCONU	IT CREEK FL 33073							
			City	الروال	ration	FL	Zip Cod	\ <del>-</del>
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for ations of registered agent.	the purpose of changing its req	gistered office o	r registered	d agent, or both, in the State	of Florida. I am	familiar with,	and accept
		Wh						
SIGNATURE	Signature, typed or printed name of registered agent an	nd file if applicable. (NOTE: Re	egistered Agent signar	ture required w	hen reinstating)	DATE	<del></del>	
. F	FILE NOW!!! FEE IS \$150.00							
	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaig Trust Fund Contril			O May Be I to Fees
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE	TSD MYERS CORPON W	☐ Delete	TITLE	TSD			Change	Addition
NAME STREET ADDRESS	MYERS, GORDON W 6891 NW 45 TERR		NAME Street address	Mye	re Corlow W.	reet		
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP	010	tation, FL	27.207		
TITLE	CP	☐ Delete	TITLE	ICP	•		Change	Addition
NAME	ROLLINSON, CHARLES H III		NAME	Mall,	inu, Charler lt INW. Fifth Str	. 1))		
STREET ADDRESS CITY-ST-ZIP	6891 NW 45 TERR		STREET ADDRESS	7344	i Niv. Fifth Str	ect		
TITLE	COCONUT CREEK FL 33073		CITY-ST-ZIP		Antion, FL 3	,3317		
NAME	EVPT   MILEY, STEPHEN	Delete	TITLE	EVP	Title sheet	-	Change	☐ Addition
STREET ADDRESS	6891 NW 45 TERR		STREET ADDRESS	774	J. Stephen J.W. FIFTH St Lation, FL 3	reet		}
CITY-ST-ZIP	COCONUT CREEK FL 33073		CITY-ST-ZIP	PI A	L 1 1 1 - 3	3317		}
TITLE	VPO							
NAME		Delete	TITLE	-1184 VV	37102	<u> </u>	☐ Change	☐ Addition
	ACOSTA, NELSON	Delete	NAME	-iia/-x-i	37100, 100		☐ Change	☐ Addition
STREET ADDRESS	ACOSTA, NELSON 6891 NW 45 TERR	Delete	NAME Street Address	1-10-101	<del>37100) 700 3</del>		☐ Change	☐ Addition
CITY-ST-ZIP	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073		NAME STREET ADDRESS CITY-ST-ZIP	1.19.01				Addition
CITY-ST-ZIP	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073 VP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	VP	,		☐ Change	Addition Addition
CITY-ST-ZIP	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073		NAME STREET ADDRESS CITY-ST-ZIP	VP	s. Arthur N.W. Fifth Str	·••†		
CITY-ST-ZIP TITLE NAME	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073 VP KEITHS, ARTHUR		NAME STREET ADDRESS CITY-ST-ZIP	VP	s. Arthur N.W. Fifth Str	·••†		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073 VP KEITHS, ARTHUR 6891 NW 45 TERR	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VP	,	·••†	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073 VP KEITHS, ARTHUR 6891 NW 45 TERR COCONUT CREEK FL 33073 VP ANSIN, ULRICH		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	s. Arthur N.W. Fifth Str	·••†		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073 VP KEITHS, ARTHUR 6891 NW 45 TERR COCONUT CREEK FL 33073 VP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP	s. Arthur N.W. Fifth Str	·••†	Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Attachment
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DOCUMENT # P0100  1. Entity Name  STRATA MEDICAL SERVICES, INC.			<b>5501818</b> ₩				
Principal Place of Business 6891 NW 45 TERR COCONUT CREEK FL 33073	Mailing Address 6891 NW 45 TERR COCONUT CREEK FL 330	073		i i <b>aanka</b> a ku <b>eria</b> l kara <b>aa</b> nk <b>aa</b> nk a		1818   1111   1681	
2. Principal Place of Business 7344 N.W. FIFTH Street Suite, Apt. #, etc.	3. Mailing Address 734 V.W. Suite, Apt. #, etc.	. र्सिन स	hect	☐ CHECK HERE IF N		111111111111111111111111111111111111111	
Plantation, FL	City & State	FL		4. FEI Number 65-1124527	——————————————————————————————————————	polied For	
Zip 33317 Country Brown  6. Name and Address of Current	Zip 33317	Country		5. Certificate of Status Desired	\$8.75 Ad		
MYERS, GORDON W 6891 NW 45 TERR COCONUT CREEK FL 33073	registered Agent	Street	Mue	7. Name and Address of New Regis	FL Zip Cod	ie	
The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.		registered office of					
FILE NOW!!! FEE IS \$180.00 After May 1,2005 Fee will be \$500.00 Make Check Payabbo to Florida Department o	• ;			Election Campaign Financi     Trust Fund Contribution.		O May Be I to Fees	
10. OFFICERS AND	· <del>····································</del>	11.	16	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP MYERS, GORDON W 6891 NW 45 TERR COCONUT CREEK FL 330/73	Defete	NAME STREET ADDRESS CITY-ST-ZIP	TOWA TOWA	nd John N.W. Fifth Street Lation, FL 33317	☐ Change	uoriippy A	
TITLE NAME ROLLINSON, CHARLES H III 8891 NW 45 TERR COCONUT CREEK FL 33073	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2017 1344	Δ 1	☐ Change	Addition &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	76	nien Russ N.W. Fifth Street	Change	Addition	
VPO ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073	Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
ITTLE VP NAME KEITHS/ARTHUR 6891 NW 45 TERR COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
MANSIN, ULRICH STREET ADDRESS GRAPI NW 45 TERR COCONUT CREEK FL 33073	<b>⊠</b> Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additton	
2. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OF PR	INTED NAME OF SIGNING OFFICER OR	ROPRECTOR	· .	Date	Daytime Phone #		