

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-20-2003 90371 001 ***450.00

DOCUMENT # P01000075993

1. Entity Name

STRATA MEDICAL SERVICES, INC.



Principal Place of Business

6891 NW 45 TERR

COCONUT CREEK FL 33073

Mailing Address

6891 NW 45 TERR

COCONUT CREEK FL 33073

2. Principal Place of Business

7344 N.W. Fifth Street

Suite, Apt. #, etc.

3. Mailing Address

7344 N.W. Fifth Street

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33317

Country

Broward

Zip

33317

Country

Broward

4. FEI Number

65-1124527

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MYERS, GORDON W

6891 NW 45 TERR

COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

Myers, Gordon W

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

7344 N.W. Fifth Street

City

Plantation

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **TSD** ☐ Delete
NAME **MYERS, GORDON W**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **CP** ☐ Delete
NAME **ROLLINSON, CHARLES H III**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **EVPT** ☐ Delete
NAME **MILEY, STEPHEN**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VPO** ☒ Delete
NAME **ACOSTA, NELSON**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VP** ☐ Delete
NAME **KEITHS, ARTHUR**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VP** ☒ Delete
NAME **ANSIN, ULRICH**
STREET ADDRESS **6891 NW 45 TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSD** ☒ Change ☐ Addition
NAME **Myers, Gordon W.**
STREET ADDRESS **7344 N.W. Fifth Street**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **CP** ☒ Change ☐ Addition
NAME **Rollinson, Charles H. III**
STREET ADDRESS **7344 N.W. Fifth Street**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **EVPT** ☒ Change ☐ Addition
NAME **Miley, Stephen**
STREET ADDRESS **7344 N.W. Fifth Street**
CITY-ST-ZIP **Plantation, FL 33317**

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

TITLE **VP** ☒ Change ☐ Addition
NAME **Keiths, Arthur**
STREET ADDRESS **7344 N.W. Fifth Street**
CITY-ST-ZIP **Plantation, FL 33317**

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # P01000075993

1. Entity Name
STRATA MEDICAL SERVICES, INC.



55018184

Principal Place of Business
6891 NW 45 TERR
COCONUT CREEK FL 33073

Mailing Address
6891 NW 45 TERR
COCONUT CREEK FL 33073



2. Principal Place of Business

7344 N.W. Fifth Street
Suite, Apt. #, etc.

3. Mailing Address

7344 N.W. Fifth Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-1124527

Applied For

Not Applicable

Zip

33317

Country

Broward

Zip

33317

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, GORDON W
6891 NW 45 TERR
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name: Myers, Gordon W
Street Address (P.O. Box Number is Not Acceptable): 7344 N.W. Fifth Street
City: Plantation FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$180.00
After May 1, 2003 Fee will be \$580.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MYERS, GORDON W 6891 NW 45 TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROLLINSON, CHARLES H III 6891 NW 45 TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT MILEY, STEPHEN 6891 NW 45 TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ACOSTA, NELSON 6891 NW 45 TERR COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITHS, ARTHUR 6891 NW 45 TERR COCONUT CREEK FL 33073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANSIN, ULRICH 6891 NW 45 TERR COCONUT CREEK FL 33073	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Howard, John 7344 N.W. Fifth Street Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Blair, Archie V. 7344 N.W. Fifth Street Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP McKinnien, Russ 7344 N.W. Fifth Street Plantation, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)