

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90127 045 \*\*\*150.00

**DOCUMENT # P01000079970**



**1. Entity Name**  
**MEDICOR HEALTHCARE, INC.**

**Principal Place of Business**  
**1419 W. WATERS AVE., STE. 103**  
**TAMPA FL 33604**

**Mailing Address**  
**3911 OAKLIMB COURT**  
**TAMPA FL 33614**



**2. Principal Place of Business**  
**9301 S.W. 56th ST.**

**3. Mailing Address**  
**9301 S.W. 56th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite F**

**Suite F**

**City & State**  
**Miami, FL**

**City & State**  
**Miami, FL**

**Zip**  
**33165**

**Country**  
**USA**

**Zip**  
**33165**

**Country**  
**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3737640**

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**

**SADORF, RICK W ESQ.**

**696 1ST AVE. N., STE. 201**

**ST. PETERSBURG FL 33701**

Name

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

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. 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 \$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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **LEON, GILBERTO**  
**STREET ADDRESS** **3911 OAKLIMB CT.**  
**CITY-ST-ZIP** **TAMPA FL 33614**

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

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

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-03**

CR2E034 (10/02)