FILED
Jul 15, 2002 8:00 am
Secretary of State

06-11-2002 90402 013 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086729

1. Entity Name: ALL COUNTY MEDICAL Center. Inc

97229

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business: 1871 W Hillsboro Blvd.
Suite, Apt. #, etc.
City & State: Deerfield Beach Fl
Zip: 33442 County: Broward

3. Mailing Address: same
Suite, Apt. #, etc.
City & State
Zip: 3 County

4. FEI Number: 912151711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Victoriya Patrusheva
Street Address (P.O. Box Number is Not Acceptable): 1871 W Hillsboro Blvd.
City: Deerfield Beach FL Zip Code: 33442

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: V. Patrusheva 4/30/02
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Victoriya Patrusheva
STREET ADDRESS	1871 W. Hillsboro Blvd
CITY-ST-ZIP	Deerfield Beach, Fl 33442
TITLE	V. Pres
NAME	Jana Stark
STREET ADDRESS	1871 W. Hillsboro Blvd.
CITY-ST-ZIP	Deerfield Beach, Fl 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: V. Patrusheva 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #