

2002 UNIFORM BUSINESS REPORT (UBR)APPROVED
AND
FILED

02 OCT 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # P01000085786****1. Entity Name**
MEDICAL DESIGN & CONSTRUCTION ASSOCIATES INC.**Principal Place of Business**
2831 EXCHANGE COURT STE A
WEST PALM BEACH FL 33409**Mailing Address**
1201 "F" ROAD
LOXAHATCHEE FL 33470**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0443690

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**

SLUTCH, ROBERT

2831 EXCHANGE COURT STE A
WEST PALM BEACH FL 33409

Name

ROBERT SLUTCH

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

SAME ADDRESS

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

**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	SLUTCH, ROBERT	
STREET ADDRESS	1201 "F" ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAINE, JAMES C	
STREET ADDRESS	30 MEADOWS PARK LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAME, BARBARA A	
STREET ADDRESS	3853 SEUBI AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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CITY-ST-ZIP		

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **9/4/02** **581-313-6428**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #