

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90077 042 ***150.00

0330364 AV

DOCUMENT # P01000088209

1. Entity Name

LYMPHEDEMA TREATMENT SERVICES, INC.

Principal Place of Business

~~10332 SUNRISE LAKES BLVD., STE. 178~~
~~BLDG. 207~~
~~SUNRISE FL 33322~~

Mailing Address

~~10332 SUNRISE LAKES BLVD., STE. 178~~
~~BLDG. 207~~
~~SUNRISE FL 33322~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4300 N. UNIVERSITY DR.
B-203

3. Mailing Address

4300 N. UNIVERSITY DR.
B-203

City & State
LAUDERHILL

City & State
LAUDERHILL

4. FEI Number **65-1141052**

Applied For
 Not Applicable

Zip **33351** Country **USA**

Zip **33351** Country **USA**

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

6. Name and Address of Current Registered Agent

DIFALCO, JANET
~~10332 SUNRISE LAKES BLVD., STE. 178~~
~~BLDG. 207~~
~~SUNRISE FL 33322~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4300 N. UNIVERSITY DR.
SUITE B-203
 City **LAUDERHILL** FL Zip Code **33351**

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 *Janet C. Difalco*

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D <input type="checkbox"/> Delete
NAME	DIFALCO, JANET
STREET ADDRESS	10332 SUNRISE LAKES BLVD., STE. 178
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIFALCO, JANET
STREET ADDRESS	10332 SUNRISE LAKES BLVD
CITY-ST-ZIP	SUNRISE, FL 33322
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Janet C. Difalco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

Daytime Phone #

CR2E034 (9/01)