

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90039 014 ***150.00

DOCUMENT # P01000090140

1. Entity Name
UNIVERSAL MEDICAL AND WEIGHT LOSS CENTER, P.A.

Principal Place of Business 11779 SW 16 ST. PEMBROKE PINES FL 33025	Mailing Address 11779 SW 16 ST. PEMBROKE PINES FL 33025
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2. Principal Place of Business 13377 West Dixie Hwy Suite, Apt. #, etc.	3. Mailing Address 13377 West Dixie Hwy Suite, Apt. #, etc.
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City & State N. Miami FL	City & State N. Miami FL
Zip 33161	Zip 33161
Country USA	Country USA

4. FEI Number 65-1142585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, JOSEPH DR.
11779 SW 16 ST.
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name <i>Same</i>
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, JOSEPH DR. 11779 SW 16 ST. PEMBROKE PINES FL 33025	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dr. Smith Joseph* **4/28/02** **305-893-8306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE