May 01 02 12:13p RONALD J WALTERS & CO PA 954-7

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91739 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090483

1. Entity Name

North Florida Medical Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8535 Baymeadows Rd	8535 Baymeadows Road
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Jacksonville	City & State: Jacksonville
Zip: FL / Country: Duval	Zip: 32256 / Country: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1152220 — ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VLADIMIR ZAKREVSKY

Street Address (P.O. Box Number is Not Acceptable): 2558 Robert Trent Jones # 1421

City: ORLANDO FL Zip Code: 32835

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: _____ PRES

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY - ST - ZIP	President VLADIMER ZAKREVSKY 2558 Robert Trent Jones #1421 ORLANDO FL. 32835	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	Director Leonoid Slutsky 10100 West Sample Rd St322 Coral Springs, FL 33065	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP		TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	**DO NOT WRITE IN THIS SPACE**
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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(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PRES 5.1.02 (904)739-7355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1