FROM : -

FAX NO. : 19544236902

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90359 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104318

658577

1. Entity Name

ADAGEN MEDICAL CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 E. HALLANDALE BEACH BLVD	2100 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc.: STE 404	Suite, Apt. #, etc.: STE 404
City & State: HALLANDALE BEACH, FL	City & State: HALLANDALE BEACH, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1147216 ☐ 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: RHOADES, DONALD E

Street Address (P.O. Box Number is Not Acceptable): 233 POINCIANA DR.

City: SUNNY ISLEA BCH, FL Zip Code: 33160

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) ☑

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	RHOADES, DONALD E 233 POINCIANA DR. SUNNY ISLEA BCH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #