

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90160 030 ***150.00

DOCUMENT # P01000112020

1. Entity Name
MED-PAD, INC.

Principal Place of Business
1736 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

Mailing Address
1736 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

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

04-3596874

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

MONIOUDIS, PERRY D ESQ.
315 SE 7 ST, SECOND FLOOR
FT LAUDERDALE FL 33301

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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** ☐ Delete
 NAME **ZACHAROUDIS, ARISTIDES**
 STREET ADDRESS **1736 E COMMERCIAL BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02

Date

Telephone #

CR2E034 (4/02)

Attachment

B0130720

ARISTIDES ZACHAROUDIS, M.D., F.A.C.C.
CARDIOLOGY
1736 East Commercial Boulevard
Fort Lauderdale, Florida 33334
Tel. (954) 202-0555
Fax. (954) 202-0607

July 10, 2002


Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

DOCUMENT#P01000112020

To Whom It May Concern:

I spoke with one of your representatives today and was advised to write this letter. Today, I received a 2002 Uniform Business Report Form with a fee for \$550.00. My accountant told me that I should have received one in January for a fee of \$150.00. I do not recall receiving it. I called your offices and was instructed to write this letter to request leniency and to send a check along with it for \$150.00. It was also explained to me that it is a one time allowance, and that if this should occur in the future, I need to request a form in January when they are first mailed out. Thank you for this consideration.

Sincerely,


Aristides Zacharoudis, M.D.
MED-PAD, INC.