Apr 24 02 11:54a

FILED
May 28, 2002 8:00 am
Secretary of State
03-05-2002 90070 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121638

1. Entity Name
Med-plus of South Florida, Inc

DO NOT WRITE IN THIS SPACE

29671

2. Principal Place of Business	3. Mailing Address
1395 W. Sunrise Blvd	1395 W. Sunrise Blvd.
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Ft. Lauderdale	City & State: Ft. Lauderdale
Zip: 33311 Country: USA	Zip: 33311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 80-0006101 — 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: Jana Stark

Street Address (P.O. Box Number is Not Acceptable): 1395 W. Sunrise Blvd #1

City: Ft. Lauderdale FL Zip Code: 33311

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: Jana Stark

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

P Jana Stark 1395 W. Sunrise Blvd # 1	
Ft. Lauderdale Fl 33311	
President / Director	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 12 above, or on an attachment with an additional name.

SIGNATURE: Jana Stark 4-24-02 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title