

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90118 046 ***150.00

DOCUMENT # P02000012572

1. Entity Name

PR MEDICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8030 NE 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address
138 NE PALM COAST PKWY

Suite, Apt. #, etc.

SUITE 380

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
PALM COAST, FL

4. FEI Number
01-0590338

Applied For
Not Applicable

Zip
33138

Country

Zip
32137

Country

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
KATZ, B. PAUL

Street Address (P.O. Box Number is Not Acceptable)

ATRIUM SUITE, 1 FLORIDA PARK PKWY DR SOUTH

City
PALM COAST

FL

Zip Code
32137

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

Dmitry Shiglik

DMITRY SHIGLIK

4/04/03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHIGLIK, DMITRY
480 MORSE AVENUE
RIDGEFIELD, NJ 07657

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dmitry Shiglik

DMITRY SHIGLIK

04/04/03

201-519-9437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/02)