## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P02000021934

1. Entity Name

SIGNATURE:

1ST MED CREDIT CORPORATION



## **FILED** Jul 28, 2003 8:00 am Secretary of State

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	6. Name	and Address of	ed Agent				7. N	lame and Address of New Regis	stered Ag	ent		
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	ions or regis.	lered agent.										l
Signature												
. 4.3.4.4.51,2.	Signature, typed	or printed name of registe	ered agent and title if ap	plicable. (NOT	E: Registered	d Agent signatur	e required v	when rein	instating)	DATE		
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12. I hereby o	ertify that the	e information supp	lied with this filing	does not qualify for	r the exer	motion state	d in Sec	tion 1	19 07(3)(i) Florida Statutes I for	her certif	that the in	oformation
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 eath; that I am an officer or director of the corporation or the receiver or pastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if												
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