

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90728 004 \*\*\*150.00

**DOCUMENT #** P02000046702

**1. Entity Name**  
MEDCENTER, INC.

**Principal Place of Business**  
3191 CORAL WAY  
PH-2  
MIAMI FL 33145

**Mailing Address**  
3191 CORAL WAY  
PH-2  
MIAMI FL 33145

**55048644**

**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**

☒ 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**

SCHIMMEL, ROBERT L  
3191 CORAL WAY  
PH-2  
MIAMI FL 33145

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

305-447-1112

Date

Daytime Phone #

CR2E034 (10/02)

HESSEN,  
SCHIMMEL &  
DE CASTRO,  
PA.  
Attorneys at Law

*Attachment*

*55048644*

*#P02000046702*

3191 Coral Way  
Penthouse Two  
Miami, Florida 33145

Telephone  
(305) 447-1112

Facsimile  
(305) 444-6707

June 13, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302

RE: Medcenter, Inc.  
(Reference Number P02000046702)

Medical Business Operations, Inc.  
(Reference Number P02000106829)

Gentlemen:

I am herewith returning the above-referenced Uniform Business Reports reflecting the requested corrections.

Should you need further information, please do not hesitate to contact the undersigned at your earliest convenience.

Very truly yours,

  
Robert L. Schimmel

RLS/jj  
Encl.