

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90842 014 ***150.00

DOCUMENT # P02000070043

1. Entity Name
SUNNY ISLES MEDICAL SERVICES INC.



Principal Place of Business Mailing Address
18184 COLLINS AVE 18184 COLLINS AVE
SUNNY ISLES FL 33160 SUNNY ISLES FL 33160

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

02 - 6152239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KITALCORODSKY, LAURA
18184 COLLINS AVE
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name

SCHONBERG GABRIELA

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

18184 COLLINS AVE

City

SUNNY ISLES

FL

Zip Code

33160

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **KITALGORODSKY, LAURA**
STREET ADDRESS **18184 COLLINS AVE**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **PD** ☒ Change ☐ Addition
NAME **SCHONBERG GABRIELA**
STREET ADDRESS **18184 COLLINS AVE**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/03

Date

Daytime Phone #

CR2E034 (10/02)