

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 023 ***150.00

DOCUMENT # P02000070402

1. Entity Name
RL MEDICAL CENTER INC.



Principal Place of Business
3230 SW 56TH AVENUE
OCALA FL 34474

Mailing Address
3230 SW 56TH AVENUE
OCALA FL 34474



2. Principal Place of Business
1001 N BURNHAM 106W4
Suite, Apt. #, etc.
UNIT 106

3. Mailing Address
3230 SW 56th Ave
Suite, Apt. #, etc.
0

☐ CHECK HERE IF MAKING CHANGES

City & State
HALLANDALE FL
Zip
33009 Country
USA

City & State
OCALA FL
Zip
34474 Country
USA

4. FEI Number
043691336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> Delete
PSTD	PAK-CHANG, LYUBOV Y	3230 SW 56TH AVENUE	OCALA FL 34474	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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


CR2E034 (10/02)

2. 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** *Corp Mgrs Day 3/21/03* *9544589898*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment#
402000070402
80065628

© HARLAND STYLE 300

RL MEDICAL CENTER INC 3230 Southwest 56th Ave Ocala, FL 34474		1207
PAY TO THE ORDER OF <u>State of Florida Division of Comm</u>		DATE <u>03 01 2003</u>
<u>one hundred fifty & 00/100</u>		\$ <u>150.00</u>
DOLLARS		
FOR <u>First Union National Bank</u> <u>First Union</u> firstunion.com Org. 003 R/T 063107513		
<u>Armen Corp. Payment Filing fee</u>		
		
		Branch 00333 63-751/631