
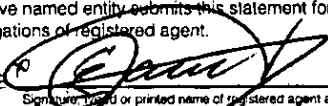
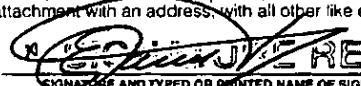


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-21-2003 90095 047 ***150.00
04-03-2003 90141 012 ***150.00

DOCUMENT # P02000078768			
1. Entity Name PARK WEST MEDICAL, INC.			
Principal Place of Business 7761 NW 146TH STREET MIAMI LAKES FL 33016		Mailing Address 7761 NW 146TH STREET MIAMI LAKES FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DENNISON, JOHN 1588 SAWGRASS CORP. PKWY #130 SUNRISE FL 33323		Name ERIC PANTALEON M.D. Street Address (P.O. Box Number is Not Acceptable) 4505 SW 152ND AVE. City MIRAMAR FL Zip Code 33027	
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 		DATE 3/10/03	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTALEON, ERIC MD 4505 SW 152ND AVE. MIRAMAR FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS-BEADE, REYNALDO 625 SW 130TH COURT MIAMI FL 33184 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS 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: 		3/10/03 (305) 818-0002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1423467 Applied For Not Applicable

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

CR2E034 (10/02)