

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90381 003 ***150.00

DOCUMENT # P02000088233

1. Entity Name
VISTA SLEEP DIAGNOSTIC CENTER INC.



Principal Place of Business
**2960 SW 139TH TERRACE
DAVIE FL 33330**

Mailing Address
**2960 SW 139TH TERRACE
DAVIE FL 33330**



2. Principal Place of Business

4201 PALM AVE

3. Mailing Address

4201 PALM AVE

Suite, Apt. #, etc.

2E

Suite, Apt. #, etc.

2E

City & State

HIALEAH FLA.

City & State

HIALEAH FLA

4. FEI Number

75-3076992

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

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

MUR, EDDIE

**2960 SW 139TH TERRACE
DAVIE FL 33330**

Name

EDWARD F SAFILLE

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

4201 PALM AVE SUITE 2E

City

HIALEAH

FL

Zip Code

33012

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SAFILLE, EDWARD F
12701 KAPOK LANE
DAVIE FL 33330** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
MOR, EDDIE
2960 SW 139TH TERRACE
DAVIE FL 33330** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/02)