

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

04-28-2003 91475 013 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|   |   |     |  |  |                               |
|---|---|-----|--|--|-------------------------------|
| <b>DOCUMENT # P02000099675</b>  |   |     |  |         |                               |
| 1. Entity Name<br><b>FLORIDA ACCESS MEDICAL CENTER, P.A.</b>  |   |     |  |  |                               |
| Principal Place of Business<br>16401 NW 2ND AVENUE<br>202<br>NORTH MIAMI BEACH, FL 33169  |   |     | Mailing Address<br>16401 NW 2ND AVENUE<br>202<br>NORTH MIAMI BEACH, FL 33169 |  |                               |
| 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<br><b>05-0530999</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |     |  | 7. Name and Address of New Registered Agent  |                               |
| 6. Name and Address of Current Registered Agent<br>IBBS, TERRENCE L<br>16401 NW 2ND AVENUE<br>202<br>NORTH MIAMI BEACH, FL 33169  |   |     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when appointing)   |   |     |  |  |                               |
| DATE _____  |   |     |  |  |                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>IBBS, TERRENCE L<br>16401 NW 2ND AVENUE # 202<br>NORTH MIAMI BEACH, FL 33169 <input type="checkbox"/> Delete |     | 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"/> Delete   |     | 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"/> Delete   |     | 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"/> Delete   |     | 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"/> Delete   |     | 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"/> Delete   |     | 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:   |   |     | APR 23 2003 305.944-2884 X-16  |  |                               |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |     | Date   |  |                               |

10088437



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)