

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90156 011 ***158.75

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

DOCUMENT # P02000103225

1. Entity Name
P.C.F. MEDICAL CONSULTANTS INC.



90131390

Principal Place of Business
11213 RHAPSODY ROAD
COOPER CITY, FL 33026

Mailing Address
11213 RHAPSODY ROAD
COOPER CITY, FL 33026

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

134212591

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FENCERILLA, PETE
11213 RHAPSODY ROAD
COOPER CITY, FL 33026

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 date if applicable.

(NOTE: Registered Agent Signature required when endorsing)

DATE

FILE NOW WITH FEES OF \$150.00
After May 1, 2003 Fee will be \$550.00
MADE CASH PAYABLE TO FLORIDA DEPARTMENT OF STATE

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May 9th
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	FENCERILLA, PETE	11213 RHAPSODY ROAD	COOPER CITY, FL 33026	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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)(1), 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: *Pete Fencerilla* PETE FENCERILLA 4/27/03 (954) 701-6322

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Daytime Phone #

CR2034 (10/02)