

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90162 044 ***150.00

DOCUMENT # *P02000111426*

1. Entity Name

Golden Heart Medical Center Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7762 NW 44 street

3. Mailing Address

7762 NW 44 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

43-1978512

Applied For

Not Applicable

Zip

333 51

Country

USA

Zip

333 51

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Boris Zigmund*

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

7762 NW 44 street

City *Sunrise,*

FL

Zip Code

333 51

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

2/21/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Boris Zigmund

7762 NW 44 street

Sunrise, FL 333 51

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

MARK GAKER

7762 NW 44 street

Sunrise, FL 333 51

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

Leonid Rybalsky

7762 NW 44 street

Sunrise, FL 333 51

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/03 (954) 741 02 08