

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000112860

1. Entity Name

HEALTHMED PHYSICIAN ASSOCIATES, P.A.



00117238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
351 N.W. LEJEUNE ROAD

3. Mailing Address
3001 S.W. Third Avenue

Suite, Apt. #, etc.
SUITE 303

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
Miami, FL

4. FEI Number
14-1852377

Applied For
Not Applicable

Zip
33135

Country
US

Zip
33129

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name David E. Marko, Esq.

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

3001 S.W. Third Avenue

City Miami

FL

Zip Code
33129

**DO NOT WRITE
IN THIS SPACE**

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

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
D
Roberto R. del Cristo, MD
351 N.W. LeJeune Rd, #303, Miami, FL 33134

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 fee and charges.

SIGNATURE:

Robert R. del Cristo, M.D.

4/24/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)