

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90289 036 ***150.00

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1. Entity Name
TA MEDICAL CORPORATION



Principal Place of Business

6480 NW 109 AVE
MIAMI FL 33178
US

Mailing Address

6480 NW 109 AVE
MIAMI FL 33178
US

2. Principal Place of Business

10773 NW 58 St.

Suite, Apt. #, etc.

SUITE 81

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Address

10773 NW 58 St.

Suite, Apt. #, etc.

SUITE 81

City & State

MIAMI, FL

Zip

33178

Country

USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

02-065485

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ACTIVE FILINGS, LLC

10651 NE 11TH COURT

MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name

Susan Garcia, P.A.

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

901 Ponce de Leon Blvd Ste 606

City

Coral Gables

State

FL

Zip Code

33184

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

3/26/03

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)