FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PILED LUKLTARY OF STAIL FIDION OF CORPORATION

DOCUMENT # P03000111610 1. Entity Name ARR MEDICAL FACILITY, INC.					VISION OF CURPORATION	
					04 MAY 10 PM 1:45	
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ĺ	DO NOT WRITE	IN THIS S	PAC	E		
2. Principal Pl 6565 Ta	lace of Business aft Street ,	3. Mailing Address 6565 Tait S	treet			
Suite, Apt. Suite	200	Suite, Apt. #, etc. Suite 200		· 	DO NOT WRITE IN THIS SPACE A CEL Number Applied For	
City & State	ood Florida	City & State Hollywood F1	lorida		4. FEI Number applied for Not Applicable	
Zip 330		Zip 33024	Count	try USA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
•			,	Numa	7. Name and Address of Current Registered Agent	
DO NOT WRITE				Name	DELGADO, LYDEANA	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SE	PACE			6565 Taft Street Suite 200	
				City	Hollywood FL Zip Code 33024	
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	ed office or regi	stered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	I and little if applicable. (NO	TE: Registere	d Agent signature rec	quired when reinstitling) CIAIT:	
Tax: filling r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After Ma	y 1, Fee i	ee is \$150.00 is \$550.00	10. Election Campaign Financing \$5.00 May Be	
(See criter	ria on back)	Make Check Pays	ed UBR i	s \$61.25	Trust Fund Contribution. 🔲 Added to Fees	
(See criter	ria on back) LI OFFICERS AND	Make Check Paya	ed UBR i	epartment of	Trust Fund Contribution. 🔲 Added to Fees	
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. Turther 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

bestering Silgate

5/05/2004 (305)362-9139

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