

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90686 046 \*\*\*150.00

**DOCUMENT # P93000028165**

**1. Entity Name**  
**UNIVERSITY MEDICAL AND FORENSIC CONSULTANTS, INC**

**Principal Place of Business**  
~~6671 WEST INDIANTOWN ROAD~~  
~~SUITE 56 #387~~  
~~JUPITER FL 33458-3984~~

**Mailing Address**  
~~6671 WEST INDIANTOWN ROAD~~  
~~SUITE 56 #387~~  
~~JUPITER FL 33458-3984~~



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 10130 Northlake Blvd  
 Suite, Apt. #, etc.  
 SUITE 214 #300  
 City & State  
 WPRB FLORIDA  
 Zip  
 33412  
 Country  
 USA

**3. Mailing Address**  
 SAME  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

**4. FEI Number** 65-0412912  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ROSE, STEFAN MD  
~~6671 WEST INDIANTOWN ROAD~~  
~~SUITE 56 #387~~  
~~JUPITER FL 33458-3984~~

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 10130 Northlake Blvd  
 SUITE 214 #300  
 City  
 WPRB FL 33412 FL 33412

**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.**

**SIGNATURE** Stefan Rose MD T-24-02  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, STEFAN MD 6671 WEST INDIANTOWN ROAD SUITE 56 #387 JUPITER FL 33458-3984	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10130 Northlake Blvd SUITE 214 #300	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WPRB, FL 33412	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** Stefan Rose MD T-24-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



*Attachment  
#193000028165  
#16404*  
Stefan Rose, M.D.

University Medical and Forensic Consultants, Inc.

10130 Northlake Boulevard

Suite 214 # 300

West Palm Beach, Florida 33412



Phone 561-795-4452 Fax 561-795-4768 Pager 800-555-6449 eMail [toxdoc1@bellsouth.net](mailto:toxdoc1@bellsouth.net)

May 24, 2002

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

Please accept my late submission of \$150.00 for my corporate filing. I moved and did not receive the filing promptly as it was sent to the old address. The change of address should have been done by the CPA on the account. Please accept this letter as the official change of address for the corporation.

I would appreciate a waiver of the penalty.

I have enclosed the original mailer to demonstrate the old address.

Thank you

*Stefan Rose M.D.*  
Stefan Rose, M.D.