

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 032 ***150.00

DOCUMENT # P93000039127

1. Entity Name
SOUTH BEACHES MEDICAL, INC.



Principal Place of Business
**1750 SELVA MARINA DR.
ATLANTIC BEACH FL 32233**

Mailing Address
**1750 SELVA MARINA DR.
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

3. Mailing Address

113 N. LAKE GEORGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GEORGETOWN FL

4. FEI Number
59-3327159

Applied For
Not Applicable

Zip Country

Zip Country

32139-3107

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ONDREJICKA, JOHN
1750 SELVA MARINA DR
ATLANTIC BEACH FL 32233**

Name
KATHY KILIS
Street Address (P.O. Box Number is Not Acceptable)
113 N. LAKE GEORGE DRIVE
City
GEORGETOWN FL Zip Code
32139-3107

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

01/25/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ONDREJICKA, JOHN A
1750 SELVA MARINA DR.
ATLANTIC BEACH FL 32233** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
KILIS, KATHY
113 N. LAKE GEORGE DRIVE
GEORGETOWN FL 32139-3107** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/03

Date

904 249 8911

Daytime Phone #

CR2E034 (10/02)