

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068421

1. Entity Name

LIFEMED MANAGEMENT, INC.

Principal Place of Business

7821 SW 24TH STREET  
SUITE 130  
MIAMI FL 33155  
US

Mailing Address

7821 S.W. 24TH ST.  
SUITE 130  
MIAMI FL 33155-6542  
US

2. Principal Place of Business

7804 CORAL WAY

3. Mailing Address

7804 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL  
33155

City & State

Miami, FL  
33155

4. FEI Number

65-0439928

Applied For

Not Applicable

Zip

US

Country

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ESPINAL, OSCAR  
7821 S.W. 24TH ST.  
SUITE 131  
MIAMI FL F33155

Name

Oscar Espinal

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

7804 Coral way

City

Miami

FL

Zip Code

33155

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-00

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |  |   |
|--|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ESPINAL, ZONIA<br>7821 S.W. 24TH ST. SUITE 131<br>MIAMI FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ESPINAL, OSCAR<br>7821 S.W. 24TH ST. SUITE 131<br>MIAMI FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-14-00

305-  
267-7787

Date

Daytime Phone #