

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 020 ***150.00

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DOCUMENT # P94000058946

1. Entity Name
SOUTHGATE MEDICAL OF FLORIDA, INC.



Principal Place of Business
**955 NW 3RD STREET
MIAMI FL 33128
US**

Mailing Address
**421 GERRARD STREET
COVINGTON KY 41011
US**



2. Principal Place of Business

3. Mailing Address

421 GARRARD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0524833**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STACEY, RICHARD
899 NW 4TH ST.
MIAMI FL 33128**

Name

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

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	STACEY, RALPH L JR.	
STREET ADDRESS	899 NW 4TH ST.	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	S	<input type="checkbox"/> Delete
NAME	STACEY, RICHARD	
STREET ADDRESS	899 NW 4TH ST.	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 687, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)