

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000065263**

1. Entity Name

WESTON MEDICAL SUITES, INC.

Principal Place of Business

**2229 N COMMERCE PKWY
STE 200
WESTON FL 33326
US**

Mailing Address

**1112 WESTON ROAD
SUITE 179
FORT LAUDERDALE FL 33326
US**

2. Principal Place of Business

3. Mailing Address

**2229 N. Commerce Pkwy
Suite 200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL 33

Zip

Country

Zip

Country

33326

US

6. Name and Address of Current Registered Agent

SAMILON, STEVEN

**9000 SHERIDIAN STREET STE 105
HOLLYWOOD FL 33024**

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

07

4. FEI Number

65-0730674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Richard FAMIGLIETTI

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

**2229 N. Commerce Parkway
Suite 200**

City

Weston

FL

Zip Code

33326

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
NAME **DPST**
STREET ADDRESS **FAMIGLIETTI, RICHARD**
CITY-ST-ZIP **1112 WESTON ROAD, SUITE 179
FORT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2487 Princeton Court**
CITY-ST-ZIP **Weston, FL 33327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100004639591--8**
CITY-ST-ZIP **-10/17/01--01018--018
*****750.00 *****750.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard Famiglietti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07

Date

954 389 2446

Daytime Phone #

CR2E034 (5/01)