

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90056 032 ***150.00

DOCUMENT # P95000031571

1. Entity Name

STATEWIDE MEDICAL COLLECTION CORP.

Principal Place of Business

**9400 SOUTH DADELAND BLVD.
 SUITE 300
 MIAMI FL 33156**

Mailing Address

**9400 SOUTH DADELAND BLVD.
 SUITE 300
 MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

7755 SW 87 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33173

4. FEI Number

65-0605454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WOLASKY, MARJORIE E
 7685 S.W. 104 STREET
 SUITE 220
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

MARJORIE E. WOLASKY

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

**ATTORNEY AT LAW
 9400 S. DADELAND BLVD.**

SUITE 300

City

MIAMI, FLORIDA 33156

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.

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 \$150.00
 After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FORTUN, MARIA CATALINA	
STREET ADDRESS	7755 S.W. 87 AVENUE, SUITE #130	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUINTERO, LYDIA M	
STREET ADDRESS	7755 S.W. 87 AVENUE, SUITE #130	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

Date

305-279-4850

Daytime Phone #

CR2E034 (9/01)