

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90298 011 \*\*\*150.00

DOCUMENT # **P95000032053**  
1. Entity Name **BEYOND MEDICAL SERVICES INC**

**DO NOT WRITE IN THIS SPACE**

**969389**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1163 W 70PL**  
Suite, Apt. #, etc.

3. Mailing Address  
**1163 W 70PL**  
Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

4. FEI Number  
**65-0583751**

Applied For  
Not Applicable

Zip  
**33014**

Country  
**USA**

Zip  
**33014**

Country

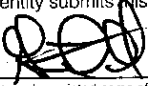
5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **ABDALA GILBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1163 W 70PL**  
City **Hialeah** FL Zip Code **33014**

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  DATE **6/14/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT GILBERT ABDALA 1163 W 70PL HIALEAH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:  **ABDALA GIL PRESIDENT** Date **6/14/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

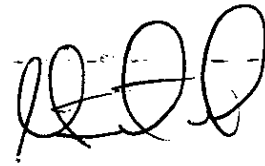
Attachment  
969384

June 18, 2002

#1045 00032053

DEAR MRS MELINDA LILLISTON;

AS PER OUR CONVERSATION IM SENDING YOU THE FEE FOR \$150.00 FOR  
STATE FEE FOR BEYOND MEDICAL INC. I DID NOT RECEIVED NOTICE IN  
MAIL. THERE FOR I CONTACTED YOU AND YOU ACKNOLEDGE THAT I  
COULD SEND IT AT THIS TIME THANK YOU FOR YOUR HELP .



GILBERT ABDALA

PRESIDENT.