


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90983 023 \*\*\*150.00

**DOCUMENT # P95000061130**

1. Entity Name  
**WESTMED MEDICAL CENTER, INC.**



Principal Place of Business  
**4130 TAMiami TRAIL  
SUITE 300  
PORT CHARLOTTE FL 33952**

Mailing Address  
**11479 SW 40 ST  
MIAMI FL 33165**

2. Principal Place of Business  
**11479 SW 40 ST**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
Suite, Apt. #, etc.

Zip  
**33165**

Country  
**USA**

4. FEI Number **65-0600341** Applied For  Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HERSHMAN, LLOYD  
4130 TAMiami TRAIL  
SUITE 300  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**11479 SW 40 ST**

City  
**Miami**

City  
**Miami**

FL

Zip Code  
**33165**

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  DATE **4-28-03**

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

**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	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HERSHMAN, LLOYD</b>	
STREET ADDRESS <b>% 4130 TAMiami TRAIL SUITE 300</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HERSHMAN, IRA</b>	
STREET ADDRESS <b>% 4130 TAMiami TRAIL SUITE 300</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HERSHMAN, KENNETH</b>	
STREET ADDRESS <b>% 4130 TAMiami TRAIL SUITE 300</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LOPEZ, MARIA E</b>	
STREET ADDRESS <b>% 4130 TAMiami TRAIL SUITE 300</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>11479 SW 40 ST</b>	<b>address</b>
CITY-ST-ZIP <b>Miami FL 33165</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>11479 SW 40 ST</b>	<b>address</b>
CITY-ST-ZIP <b>Miami FL 33165</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>11479 SW 40 ST</b>	<b>address</b>
CITY-ST-ZIP <b>Miami FL 33165</b>	
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	

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 supplementary 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **4-28-03** DAYTIME PHONE # **305 221 7235**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)