

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085068

1. Entity Name

SUNMED HEALTHCARE PROVIDERS, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90039 009 ***158.75

Principal Place of Business

1987 NW 88 CT STE 201
MIAMI FL 33172
US

Mailing Address

P.O. BOX 526200
MIAMI FL 33152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0634161

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIRADO, ALEXANDER
10735 SW 59 TERR
MIAMI FL 33173

Name

TIRADO, Alexander

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

1987 N.W. 88th Court Ste 201

City

Miami

FL

Zip Code

33172

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME BANGERTER, PHILLIP
STREET ADDRESS 1987 NW 88TH CT STE 201
CITY-ST-ZIP MIAMI FL 33172

☐ Delete

TITLE DPST
NAME TIRADO, ALEXANDER
STREET ADDRESS 899 WEST CYPRESS CREEK ROAD, SUITE 311
CITY-ST-ZIP FORT LAUDERDALE FL

☐ Delete

TITLE DP
NAME MARTIN, MICHAEL M.D
STREET ADDRESS 1987 NW 88TH CT STE201
CITY-ST-ZIP MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)