

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90310 021 \*\*\*558.75

0050288 AV

**DOCUMENT # P95000085068**

1. Entity Name

**SUNMED HEALTHCARE PROVIDERS, INC.**



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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SUN MED, INC.  
1987 NW 88 CT STE 201  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

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

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-4-03**

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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	DC	<input type="checkbox"/> Delete
NAME	BANGERTE, PHILLIP	
STREET ADDRESS	1987 NW 88TH CT STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	TIRADO, ALEXANDER	
STREET ADDRESS	1987 NW 88 CT STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARTIN, MICHAEL M.D	
STREET ADDRESS	1987 NW 88TH CT STE201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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
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
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 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 10 or Block 11 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

**9-4-03**

Date

**305-436-9300**

Daytime Phone #

CR2E034 (4/03)