

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90172 019 \*\*\*150.00

**DOCUMENT # P95000096057**

**1. Entity Name**  
**WORLD TRIUMPH MEDICAL OF THE WEST COAST, INC.**

**Principal Place of Business**

**2850 RINGLING BLVD  
 SARASOTA FL 34237  
 US**

**Mailing Address**

**4722 SW 74 AVE  
 MIAMI FL 33155  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0629915**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**CABLISH, HOMER G JR.  
 4301 32ND STREET WEST  
 BRADENTON FL 34205**

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.**

**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 \$350.00**  
**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          | <b>D</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>WILLIAMS, TROY V</b>              |  |
| STREET ADDRESS | <b>1008 44TH STREET WEST</b>         |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34209</b>            |  |
| TITLE          | <b>D</b>                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>FAMADAS, NELSON</b>               |  |
| STREET ADDRESS | <b>9805 NW 52ND STREET, APT. 404</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33178</b>                |  |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>DEARMAS, ROGER</b>                |  |
| STREET ADDRESS | <b>10378 NW 46TH TERRACE</b>         |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33178</b>                |  |
| TITLE          | <b>D</b>                             | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WILLIAMS, RON</b>                 |  |
| STREET ADDRESS | <b>4301 32NS ST W STE C-6</b>        |  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34208</b>            |  |
| TITLE          | <b>P</b>                             | <input type="checkbox"/> Delete            |
| NAME           | <b>FAMADAS, NELSON</b>               |  |
| STREET ADDRESS | <b>4722 SW 74 AVE</b>                |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33155</b>                |  |
| TITLE          |                                      | <input type="checkbox"/> Delete            |
| NAME           |                                      |  |
| STREET ADDRESS |                                      |  |
| CITY-ST-ZIP    |                                      |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>Secretary/Treasurer</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>ROGER DE ARMIOS</b>        |  |
| STREET ADDRESS | <b>5441 HOWARD CREEK RD.</b>  |  |
| CITY-ST-ZIP    | <b>SARASOTA, FL 34241</b>     |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>PRESIDENT/DIRECTOR</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>NELSON FAMADAS</b>         |  |
| STREET ADDRESS | <b>1330 ASTORIA AVENUE</b>    |  |
| CITY-ST-ZIP    | <b>CORAL GABLES, FL 33134</b> |  |
| 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

Date

Daytime Phone #

CR2E034 (9/01)