

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097427

1. Entity Name

NEW MEDICAL CONCEPTS, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90037 030 ***558.75

Principal Place of Business

229 S. FEDERAL HIGHWAY
 POMPANO BEACH FL 33060

Mailing Address

800 CORPORATE DRIVE
 SUITE 510
 FT. LAUDERDALE FL 33334

2. Principal Place of Business

1290 E OAKLAND PARK BLVD

Suite, Apt. #, etc.

100

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

4. FEI Number

65-0725898

Applied For

Not Applicable

Zip

Country

33334-4443

Broward

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALIM, JR., WILLIAM G ESQ.
 800 CORPORATE DR
 STE 510
 FORT LAUDERDALE FL 33334

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD ☒ Delete
 NAME HERSH, RAYMOND T
 STREET ADDRESS 229 S. FEDERAL HIGHWAY
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VPD ☐ Delete
 NAME SANCHEZ, NEALE
 STREET ADDRESS 229 S. FEDERAL HIGHWAY
 CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
 NAME Jean M. Bellin
 STREET ADDRESS 1290 E OAKLAND PARK BLVD Suite 100
 CITY-ST-ZIP Fort Lauderdale, FL 33334-4443

TITLE Secretary & Vice President ☒ Change ☐ Addition
 NAME NEALE M. SANCHEZ
 STREET ADDRESS 1290 E OAKLAND PARK BLVD. Suite 100
 CITY-ST-ZIP Fort Lauderdale, FL 33334-4443

TITLE Treasurer ☐ Change ☒ Addition
 NAME RANDY JACOBS
 STREET ADDRESS 1290 E OAKLAND PARK BLVD. Suite 100
 CITY-ST-ZIP Fort Lauderdale, FL 33334-4443

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neale M. Sanchez 07/28/00

Date

Daytime Phone #

954-565-2772

ext: 196

CR2E034 (5/00)