

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040198

1. Entity Name

SRH I MEDICAL EQUITY CORPORATION

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90195 008 ***150.00

Principal Place of Business

222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401
US

Mailing Address

222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401
US

2. Principal Place of Business

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

3. Mailing Address

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0676664**

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

REGSERV CORP
222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401

REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

FL Zip Code

8. The abo

REGSERV CORP.

ad office or registered agent, or both, in the State of Florida.

SIGNATUR

By: *Lawrence J. Diamond*
Lawrence J. Diamond, Vice President

JAN 29 2001

d 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RENDINA, BRUCE A 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SANDS, DONALD A 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DISALVO, PATRICK J 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Bruce A. Rendina Gardens Corporate Center 3801 PGA Blvd., Suite 555 Palm Beach Gardens, Florida 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Donald A. Sands Gardens Corporate Center 3801 PGA Blvd., Suite 555 Palm Beach Gardens, Florida 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Patrick J. DiSalvo Gardens Corporate Center 3801 PGA Blvd., Suite 555 Palm Beach Gardens, Florida 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patrick J. DiSalvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President

Patrick J. DiSalvo

JAN 29 2001

Date

(561) 630-5055

Daytime Phone #

CR2E034 (10/00)