## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000090243

4250 SW 141 ST AVE

MIRAMAR, FL 33027

Address:

City-St-Zip:

Entity Name: ALLCARE SURGICAL INSTRUMENT REPAIR, INC.

FILED Apr 21, 2003 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 4250 SOUTHWEST 141 AVENUE MIRAMAR, FL 33027 **Current Mailing Address: New Mailing Address:** 4250 SOUTHWEST 141 AVENUE MIRAMAR, FL 33027 FEI Number: 65-0723464 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTHCHILD, WILLIAM S 4250 SW 141ST ST MIRAMAR, FL 33027 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROTHCHILD, WILLIAM Name: Name: 4250 SW 141ST AVE Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: Title: **VMST** () Delete Title: () Change () Addition Name: ROTHCHILD, SUSAN F Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. ROTHCHILD DP 04/21/2003