

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007513

1. Entity Name  
**MEDICAL ASSETS CORPORATION**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90005 007 \*\*\*150.00

Principal Place of Business

20101 NE 16 PLACE  
SUITE 200  
MIAMI FL 33179  
US

Mailing Address

20101 NE 16 PLACE  
SUITE 200  
MIAMI FL 33179  
US

2. Principal Place of Business

20101 NE 16th Place # 1

3. Mailing Address

20101 NE 16th Place # 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0729023**

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

HOFFMAN, STEVEN H  
20101 NE 16 PLACE  
SUITE 200  
MIAMI FL 33179

Name

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

20101 NE 16th Place # 1

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, 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 **D** ☐ Delete  
NAME **HOFFMAN, STEVEN**  
STREET ADDRESS **20101 NE 16 PLACE, SUITE 200**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE **D** ☒ Delete  
NAME **LAWRENCE, ROBERTA**  
STREET ADDRESS **20101 NE 16 PLACE, SUITE 200**  
CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

Requested this  
deleted last year.  
Please take off  
the name of  
Roberta Lawrence

Thank you

😊

13. I hereby certify that the information supplied on this report or supplement 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 a power of attorney, or otherwise.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Hoffman

Date

Daytime Phone #

1/8/01 (305) 770-2616

CR2E034 (10/00)