

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90009 005 \*\*\*150.00

**DOCUMENT # P97000007513**

1. Entity Name

**MEDICAL ASSETS CORPORATION**

Principal Place of Business

20161 NE 16 PLACE #1  
 MIAMI FL 33179  
 US

Mailing Address

20101 NE 16 PLACE  
 SUITE 200  
 MIAMI FL 33179  
 US

2. Principal Place of Business

3. Mailing Address

20161 NE 16th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33179

USA

4. FEI Number

65-0729023

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

HOFFMAN, STEVEN H  
 20161 NE 16 PLACE #1  
 MIAMI FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, STEVEN	
STREET ADDRESS	20101 NE 16 PLACE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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]* **STEVEN HOFFMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 305-770-2616

Date

Daytime Phone #

CR2E034 (4/02)

Attachment



# Pan American Lab Services, Inc.

C276046  
P97000007513

July 22, 2002

Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee-FL 32302-1500

To Whom It May Concern:

Please be advised that this is the first 2002 Uniform Business Report form I received.

Per instructions from your office I am enclosing my check for \$150.00.

The error could be that the PRINCIPAL PLACE OF BUSINESS and MAILING ADDRESS should be the SAME. Both are:

20161 NE 16<sup>th</sup> Place #1  
Miami FL 33179

There was a change of address just about 2 years ago and I thought all corrections were made on the last Uniform Business Report.

Sorry for any inconvenience.

Cordially,

Cathy F. Ohad  
Corporate Coordinator

CFC/

Enclosure

*We Deliver Results.....*