

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91539 028 \*\*\*150.00

**DOCUMENT # P97000018266**

1. Entity Name

**PARK HILL MEDICAL SERVICES, INC.**

Principal Place of Business

**10028A WEST MCNAB RD  
 TAMARAC FL 33321**

Mailing Address

**1461 NW 127TH WAY  
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

**10100 WEST SAMPLE ROAD**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 404**

City & State

**CORAL SPRINGS FL**

4. FEI Number

**64-0740735**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEXLER, JACK  
 1461 NW 127TH WAY  
 CORAL SPRINGS FL 33071**

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 \$150.00  
 After May 1, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEXLER, JACK D</b>	
STREET ADDRESS	<b>1461 NW 127 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>EVT</b>	<input type="checkbox"/> Delete
NAME	<b>WEXLER, SANDRA</b>	
STREET ADDRESS	<b>1461 NW 127TH WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WEXLER, ROSS</b>	
STREET ADDRESS	<b>1461 NW 127TH WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK D WEXLER</b>	
STREET ADDRESS	<b>1461 NW 127 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDRA WEXLER</b>	
STREET ADDRESS	<b>1461 NW 127 WAY</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/02**

Date

**954-718-7900**

Daytime Phone #

CR2E034 (9/01)