

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90468 018 ***150.00

DOCUMENT # P97 QQQQ 23956

1. Entity Name

REGAL MEDICAL MANAGEMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2269 S. UNIVERSITY DR

3. Mailing Address

2269 S. UNIVERSITY DR

Suite, Apt. #, etc.

#296

Suite, Apt. #, etc.

#296

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0741917

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0068661

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KULATZ, CONRAD S.

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

633 SE 3RD AVE, SUITE 4R

City

LAUDERDALE

FL

Zip Code

33301

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 LLH. G. SHARMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02
DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHARMAN, SUZANNE
2269 S. UNIVERSITY DR, #296
DAVIE FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHARMAN, GRAHAM J
2269 S. UNIVERSITY DR, #296
DAVIE FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: LLH. G. SHARMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 954 485 1199

Date

Daytime Phone #

CR2E034B (12/01)