

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000023956

FILED
Apr 14, 2003
Secretary of State

Entity Name: REGAL MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

2269 S UNIVERSITY DRIVE
#296
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

2269 S UNIVERSITY DRIVE
#296
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0741917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULATZ, CONRAD S
633 SE THIRD AVENUE
SUITE 4R
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: SHARMAN, SUZANNE
Address: 2269 S UNIVERSITY DRIVE #296
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: SHARMAN, GRAHAM J.
Address: 2269 S UNIVERSITY DRIVE #296
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: GRAHAM SHARMAN

VP

04/14/2003

Electronic Signature of Signing Officer or Director

Date