

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 031 ***150.00

DOCUMENT # PA70000034899

1. Entity Name GOLD COAST MEDICAL CENTERS, INC
d.l.a. URGY - MEDS - WALK-IN - MEDICAL CLINIC

DO NOT WRITE IN THIS SPACE

001010

2. Principal Place of Business 950 SE 5TH AVE

3. Mailing Address 950 SE 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH, FL

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4. FEI Number 65-0802985

Applied For
Not Applicable

Zip 33483

Country U.S.A.

Zip 33483

Country U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MUNIRA KOITA

Street Address (P.O. Box Number is Not Acceptable) 950 SE 5TH AVE

City DELRAY BEACH, FL Zip Code 33483

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 Munira Koita

4/5/02
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 (P) MUNIRA KOITA
STREET ADDRESS 950 SE 5TH AVE
CITY-ST-ZIP DELRAY BEACH, FL - 33483

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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: Munira Koita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02
Date

Daytime Phone #

CR2E034B (12/01)