

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000035199

FILED  
May 01, 2003  
Secretary of State

**Entity Name:** MEDLIFE HEALTH CARE OF BROWARD, INC.

## Current Principal Place of Business:

PEMBROKE PINES PROFESSIONAL CENTER  
9050 PINES BLVD., SUITE 454  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

9050 PINES BLVD., SUITE 545  
PEMBROKE PINES, FL 33024

## New Mailing Address:

9050 PINES BLVD., SUITE 454  
PEMBROKE PINES, FL 33024

**FEI Number:** 65-0751643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

ESPINAL, OSCAR B  
9050 PINES BLVD., SUITE 454  
PEMBROKE PINES, FL 33024 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: PD ( ) Delete  
Name: ESPINAL, OSCAR B  
Address: 9050 PINES BLVD., SUITE 454  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD ( ) Delete  
Name: ESPINAL, ZONIA  
Address: 9050 PINES BLVD, SUITE 454  
City-St-Zip: PEMBROKE PINES, FL 33024

## 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: OSCAR ESPINAL

PD

05/01/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date