

2002 UNIFORM BUSINESS REPORT (UBR)

32900

DOCUMENT # P97000050082

1. Entity Name
PETRA MEDICAL OF FLORIDA, INC.

FILED
May 03, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
2234 N.W. 40TH TERRACE SUITE AB
GAINESVILLE FL 32605

Mailing Address
908 NW 57TH ST.
STE C
GAINESVILLE FL 32605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3444238**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARADSEH, ADLI
908 NW 57TH ST.
STE C
GAINESVILLE FL 32606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
NAME **P**
STREET ADDRESS **KARADSEH, ADLI**
CITY-ST-ZIP **908 NW 57TH ST., STE C**
GAINESVILLE FL 32606

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **KARADSEH, RITA**
CITY-ST-ZIP **908 NW 57TH ST., STE C**
GAINESVILLE FL 32606

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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 REQUIRED RITA KARADSEH 4/26/02 352-331-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)