

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90068 038 ***150.00

DOCUMENT # P97000086498

1. Entity Name
ACUTE CARE MEDICAL SERVICES OF SOUTH FLORIDA, IN C.



Principal Place of Business
**7700 NORTH KENDALL DRIVE
SUITE 405
MIAMI FL 33156**

Mailing Address
**7700 NORTH KENDALL DRIVE
SUITE 405
MIAMI FL 33156**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **69-0797256**

Applied For

Not Applicable

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

**LEITMAN, LORN
7700 NORTH KENDALL DRIVE
SUITE 405
MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **RD MEDINA, FRANCISCO MD** ☐ Delete
STREET ADDRESS **2080 SW 59 AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE
NAME **D LETIMAN, LORN** ☐ Delete
STREET ADDRESS **8120 SW 86 TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03

Date

305-229-8943

Daytime Phone #

CR2E034 (10/02)