

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091837

1. Entity Name

FLORIDA MEDICAL INTERNATIONAL INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90045 039 ***158.75

Principal Place of Business

Mailing Address

909-911 NE 5TH AVENUE
 FT. LAUDERDALE FL 33305
 US

909-911 NE 5TH AVENUE
 FT. LAUDERDALE FL 33305
 US

2. Principal Place of Business

4960 SW 52 STREET

3. Mailing Address

4960 SW 52 ST

Suite, Apt. #, etc.

420

Suite, Apt. #, etc.

420

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33314

Country

Broward

Zip

33314

Country

Broward

4. FEI Number

65-0792582

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COBEY, JOHN P
 909-911 NE DTH AVENUE
 FT LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4960 SW 52 ST
 Unit 420

City

DAVIE

State

FL

Zip Code

33314

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

John P. Coby

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	COBEY, JOHN P	
STREET ADDRESS	909-911 NE 5TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	Addition
NAME		
STREET ADDRESS	4960 SW 52 ST-unit 420	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John P. Coby President 3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #