2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91598 036 ***158.75

DOCUMENT # P97000091837

1. Entity Name
FLORIDA MEDICAL INTERNATIONAL INC.

Principal Place of Business	Mailing Address
4960 SW 52 STREET 420 DAVIE FL 33314 US	4960 SW 52 STREET 420 DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1090 NW 53rd ST	P.O. Box 450549
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT Lauderdale, Fl	City & State: Sunrise, Fl
Zip: 33319 Country: USA	Zip: 33345 Country: USA

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	7. Name and Address of New Registered Agent
COBEY, JOHN P 4960 SW 52 ST UNIT 420 DAVIE FL 33314	Name: John P Cobey Street Address (P.O. Box Number is Not Acceptable): 1090 NW 53rd Street City: FT Lauderdale FL Zip Code: 33319

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 /
Signature, typed or printed name of registered agent and title 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P COBEY, JOHN P 4960 SW 52 ST UNIT 420 DAVIE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1090 NW 53rd ST FT Lauderdale, Fl 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 Cobey — 4-19-01 — 954-958-9906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #