Jun-13-02 07:39A Steven Lulich PA. 56

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Jun 24, 2002 8:00 am
Secretary of State
06-24-2002 90305 001 ***317.50

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002377

1. Entity Name
SEBASTIAN MEDICAL ASSOCIATES ✓

DO NOT WRITE IN THIS SPACE

- 94429

2. Principal Place of Business
13403 US HIGHWAY 1
Suite, Apt. #, etc.
City & State: SEBASTIAN, FL
Zip: 32958 Country: INDIAN RIVER

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59.3485563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: BARRY S. GARCIA
Street Address (P.O. Box Number is Not Acceptable): 9333 Hwy A1A
City: MELBOURNE BEACH FL Zip Code: 32951

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARRY S. GARCIA 9333 HIGHWAY A1A MELBOURNE BCH, FL 32951	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ___ Date ___ Daytime Phone #