

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90049 025 \*\*\*158.75

**DOCUMENT # P98000024498**

**1. Entity Name**  
**OAKRIDGE MEDICAL GROUP REALTY, INC.**

**Principal Place of Business**

**11880 S.W. 40TH ST.**  
**#405**  
**MIAMI FL 33175**

**Mailing Address**

**11880 S.W. 40TH ST.**  
**#405**  
**MIAMI FL 33175**

**2. Principal Place of Business**

**5601 North Dixie Highway**

Suite, Apt. #, etc.

**Suite 420**

City & State

**Ft. Lauderdale**

Zip

**33334**

Country

**USA**

**3. Mailing Address**

**5601 North Dixie Highway**

Suite, Apt. #, etc.

**Suite 420**

City & State

**Ft. Lauderdale**

Zip

**33334**

Country

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-0820782**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MUDD, JOHN**

~~11880 S.W. 40TH ST.~~

~~SUITE #405~~

~~MIAMI FL 33175~~

**7. Name and Address of New Registered Agent**

Name  
**MUDD, JOHN**

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

**5601 North Dixie Highway**

**Suite 420**

City

**Ft. Lauderdale**

**FL**

Zip Code  
**33334**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>DIAZ, MAYRA</b>	
STREET ADDRESS	<del>11880 BIRD ROAD, #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>MUDD, JOHN</b>	
STREET ADDRESS	<del>11880 S.W. 40TH ST., #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>LINCOLN, TIMOTHY</b>	
STREET ADDRESS	<del>11880 S.W. 40TH ST., #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>WIENER, A.B.</b>	
STREET ADDRESS	<del>11880 S.W. 40TH ST., #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>MIRANDA, ELDA</b>	
STREET ADDRESS	<del>11880 S.W. 40TH ST., #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	<b>PORTAL, ANA</b>	
STREET ADDRESS	<del>11880 BIRD ROAD, #405</del>	
CITY-ST-ZIP	<del>MIAMI FL 33175</del>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VPD, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, MAYRA</b>	
STREET ADDRESS	<b>5601 North Dixie Highway, #420</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33334</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5601 North Dixie, #405</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33334</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5601 North Dixie Highway, #420</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33334</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5601 North Dixie Highway, #420</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33334</b>	
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:** **Mayra Diaz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/02**

Date

**(954) 202-1998**

Daytime Phone #

CR2E034 (9/01)