

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028328

1. Entity Name

Comple Med. Com, Inc.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 049 ***158.75

80082961

Principal Place of Business

Mailing Address

16899 NE 15th Ave
Suite B
North Miami Beach
FL 33162

16899 NE 15th Ave
Suite B
North Miami Beach
FL 33162

2. Principal Place of Business

3. Mailing Address

16899 NE 15th Ave
Suite, Apt. #, etc.
Suite B

16899 NE 15th Ave
Suite, Apt. #, etc.
Suite B

City & State
North Miami Beach

City & State
North Miami Beach

Zip
33162

Zip
33162

Country
USA

Country
USA

4. FEI Number

65-0834764

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bernd Wolschlaeger, MD
16899 NE 15th Ave
Suite B
North Miami Beach, FL 33162

7. Name and Address of New Registered Agent

Name: Bernd Wolschlaeger, MD
Street Address (P.O. Box Number is Not Acceptable): 16899 NE 15th Ave
Suite B
City: North Miami Beach FL Zip Code: 33162

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

Bernd Wolschlaeger

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

(NOTE: Registered Agent signature required when re-stating)

DATE

4/27/00

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	<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	
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 <input type="checkbox"/> Addition
NAME	Bernd Wolschlaeger, MD
STREET ADDRESS	16899 NE 15th Ave
CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Jimenez
STREET ADDRESS	CFO & Treasurer CT
CITY-ST-ZIP	16899 NE 15th Ave Suite B North Miami Beach, FL 33162
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:

Bernd Wolschlaeger, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

305/440-8717
305/576-6450

CR2E034 (9/99)