

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000034168

FILED  
Feb 24, 2003  
Secretary of State

Entity Name: SERAFIN HEALTH CARE REVIEW, INC.

**Current Principal Place of Business:**

101 AREGA ST.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

101 AREGA ST.  
SEBASTIAN, FL 32958

**New Mailing Address:**

FEI Number: 65-0837299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SERAFIN, MELINDA S  
101 AREGA STREET  
SEBASTIAN, FL 32958 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SERAFIN, MELINDA  
Address: 101 AREGA STREET  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELINDA SERAFIN

PD

02/24/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date