2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000039861

Entity Name: VICTORIAN MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

530 S FEDERAL HWY
STE 100
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

530 S FEDERAL HWY
STE 100
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0837657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LAURIE
530 S. FEDERAL HWY., #100
DEERFIELD BEACH, FL 33441 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: SMITH, LAURIE
Address: 471 NE 28 ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: VD ( ) Delete
Name: MILLER, ALAN 1
Address: 530 FEDERAL HWY #101
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SMITH, LAURIE
Address: 330 NW 36TH COURT
City-St-Zip: BOCA RATON, FL 33431

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: LAURIE SMITH PRES 04/22/2002

Electronic Signature of Signing Officer or Director Date