2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000056387**

1. Entity Name
CENTRES MEDICAL GP, INC.

Principal Place of Business	Mailing Address
C/O CENTRES, INC. 3315 NORTH 124TH STREET #E BROOKFIELD WI 53005	C/O CENTRES, INC 9130 SOUTH DADELAND BLVD. SUITE 1528 MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
C/O CENTRES INC.	C/O CENTRES INC
Suite, Apt. #, etc.: 9130 S DADELAND BLVD., #1528	Suite, Apt. #, etc.: 9130 SOUTH DADELAND BLVD. SUITE 1528
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33156 Country: US	Zip: 33156 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 39-1935315 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEVIN ARNOLD D
TWO DATRAN CENTER - SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL
33156 US

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ____________________ 02/20/2001
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST NENNIG MICHELLE M 3315 N 124TH ST., STE-E BROOKFIELD WI 53005 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAST CHARLTON DAVID K 9130 S DADELAND BLVD., #1528 MIAMI FL 33156 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KARL KENNETH B 9130 SOUTH DADELAND BLVD. #1528 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: DAVID K. CHARLTON VAST 02/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #