2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078141

1. Entity Name

SOUTHMED HEALTH CORP

FILED
01 MAR 23 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10400 Griffin Rd.- Ste 105 Cooper City, Fl 33328	Same

2. Principal Place of Business	3. Mailing Address
10400 Griffin Rd - Ste 105	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cooper City, Fl 33328	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0864581 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Antonio R Wong 6523 Champlain Terr Davie, Fl 33331	Name: Carlos Perez Street Address (P.O. Box Number is Not Acceptable): 10710 SW 14 Ct City: Davie, Fl 33324 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 x Carlos Perez — 3/14/01

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, 2000 it will be $160.00
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	P.D. S.T. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Carlos Perez	NAME	
STREET ADDRESS	10710 SW 14 Ct	STREET ADDRESS	
CITY-ST-ZIP	Davie, Fl 33324	CITY-ST-ZIP	
TITLE	S.T.D. xx☒ Delete	TITLE	☐ Addition
NAME	Antonio R Wong	NAME	400003959044-9
STREET ADDRESS	6523 Champlain Terr	STREET ADDRESS	-04/04/01--01073--008
CITY-ST-ZIP	Davie, Fl 33331	CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Delete	TITLE	☐ Change xx☒ Addition
NAME		NAME	V.P.D.
STREET ADDRESS		STREET ADDRESS	Derwin Westerburger
CITY-ST-ZIP		CITY-ST-ZIP	10400 Griffin Rd - Ste 105 Cooper City, Fl 33328
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: xx Carlos Perez — 3/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #