

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087265

1. Corporation Name

NU MED OF STUART, INC.

Principal Place of Business
838 S FEDERAL HIGHWAY
STUART FL 34994

Mailing Address
838 S FEDERAL HIGHWAY
STUART FL 34994

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90001 024 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEL Number

65-0868741

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1916 S.E. Port St. Lucie Blvd
Suite, Apt. #, etc.

26 1916 S.E. Port St. Lucie Blvd
Suite, Apt. #, etc.

22 City & State
23 Port St. Lucie, FL

27 City & State
28 Port St. Lucie, FL

24 Zip
25 34952

29 Zip
30 34952

Country
25 US

Country
30 US

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

SLIVKA, MICHAEL A
9000 SHERIDAN STREET #114
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 800 Silverberg
83 1860 S.W. Crane Creek Ave
84 City
Palm City FL 85 Zip Code
34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed in print, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/9/99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SILVERBERG, MIRIAM
6630 VILLA SONRISA DR #712
BOCA RATON FL 33433

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[] Change [] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/9/99

561-220-8068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0514218

CR2E034 (11/98)