

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90007 039 \*\*\*150.00

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**DOCUMENT # P99000019080**

1. Entity Name  
**JMC MEDICAL ASSOCIATES, INC.**

Principal Place of Business <b>1000 NW 15TH ST          BOCA RATON FL 33486</b>	Mailing Address <b>150 EAST PALMETTO PARK RD.          STE. 400          BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0997305</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>AUERBACHER, STEVEN M ESQ.          150 EAST PALMETTO PARK RD.          STE. 400          BOCA RATON FL 33432</b>				Name <b>KIRSE, PATRICK S</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>150 EAST PALMETTO PARK RD.</b>			
				<b>SUITE 400</b>			
				City <b>BOCA RATON</b>		FL	

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 *Patrick Skirse, CFO* DATE **4/2/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHERNAK, MICHAEL</b>			NAME			
STREET ADDRESS	<b>1000 NW 15TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANDOR, LEONARD</b>			NAME			
STREET ADDRESS	<b>150 E PALMETTO PARK RD, 4TH FL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RAOTN FL 33432</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACOBSEN, HARVEY</b>			NAME			
STREET ADDRESS	<b>150 E PALMETTO PARK RD, 4TH FL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIRSE, PATRICK S</b>			NAME			
STREET ADDRESS	<b>1000 NW 15TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patrick Skirse, CFO* DATE: **4/2/02** DAYTIME PHONE: **301-6608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)