

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90731 019 ***150.00

DOCUMENT # P99000026515

1. Entity Name
SV MEDICAL CONSULTING, INC.



Principal Place of Business
1900 SO. OCEAN BLVD.,STE.14L
POMPAÑO BEACH FL 33062

Mailing Address
1900 SO. OCEAN BLVD.,STE.14L
POMPAÑO BEACH FL 33062

2. Principal Place of Business

1817 Salerno Circle

3. Mailing Address

1817 Salerno Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

Zip
33327

Country

USA

Zip
33327

Country

USA

4. FEI Number 65-0907659

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VIDRO, SHELLY
1900 SO. OCEAN BLVD.,STE.14L
POMPAÑO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: Shelly Vidro
Street Address (P.O. Box Number is Not Acceptable)
1817 Salerno Circle
City: Weston FL Zip Code: 33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: VIDRO, SHELLY
STREET ADDRESS: 1900 SO. OCEAN BLVD.,STE.14L
CITY-ST-ZIP: POMPAÑO BEACH FL 33062 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 1817 Salerno Circle
CITY-ST-ZIP: Weston, FL 33327

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2003

Date

Daytime Phone #

CR2E034 (10/02)