## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P9900030562 **DOCUMENT #**

. Entity Name OUTHEAST MEDICAL COLL	ECTIONS, INC.	
rincipal Place of Business	Mailing Address	-

**FILED** Apr 07, 2003 8:00 a Secretary of State 04-07-2003 90115 035 \*\*\*150.00

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Section   Sect	Suite, Apt.	#, etc.	<del></del>	Suit	e, Apt. #, etc.	:.			CHECK HERE IF MAKING CHANGES			
S. Certificate or Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of Rew Registered Agent  Name    Name	City & Stat	e		City	City & State 4			4.	FEI Number 65-0911011	N-19411011		
Name   Name   Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip		Coun	try	5.	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named antity 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 and tife is applicable (NOTE Registered Agent signature nearled when increasing)  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INF. MAKE  LETMAN, LORN  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  STREET ADDRESS  OUT 51-2P  TITLE  10. OFFICERS AND DIRECTORS  OUT 51		6. Name	and Address o	f Current Registere	d Agent			7.	Name and Address of New Re	gistered A	gent	
Street Abdress (P.U. Box Number is Not Acceptable)							Name					
MAMI FL 33156  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNAL PROVED STATE STORMS  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  FILE NAME  SIRET ADDRESS  CITY-S1-ZP  TITLE  MAMI FL 33156  Delete  TITLE  MAME  SIRET ADDRESS  CITY-S1-ZP  Addition  ADDRESS  CITY-S1-ZP  Addition  MAME  SIRET ADDRESS  CITY-S1-ZP  Addition  ADDRESS  CITY-S1-ZP  ADDRESS  CITY-S1-ZP  ADDRESS  CITY-S1-ZP  ADDRESS  CITY-S1-ZP  ADDRESS  CITY-S1-ZP  ADDRE	-		OTE ANE				Street Ad	idress (P.O. E	Box Number is Not Acceptable)		1.5	
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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:**