

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **799000061034** ✓

Entity Name

Unimed Health Systems Inc.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 043 ***158.75

Principal Place of Business 676 W. Prospect Rd Ft. Lauderdale, FL US 33309	Mailing Address 676 W. Prospect Rd. Ft. Lauderdale, FL US 33309
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1. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0926492	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent Penn, Joy 676 W. Prospect Rd Ft. Lauderdale, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

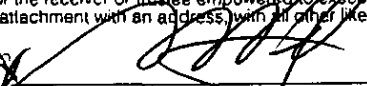
1. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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	
LE ME REET ADDRESS Y-ST-ZIP	President Chediah, Nidia 847 Coquina Way Boca Raton, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	Vice President Armen, Victor 4121 NE 30th Terrace Light House Point, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	Treasurer Perez-Mesa, Francisco 6106 Vista Linda Lane Boca Raton, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	Secretary Speiller, Paul 847 Coquina Way Boca Raton, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 954-425-7771