

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P99000069870

1. Entity Name
ALLSTATE MEDICAL CO.



Principal Place of Business
17038 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33160

Mailing Address
17038 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0939095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER & TIGHE, PA
800 EAST BROWARD BLVD.
SUITE 710
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAYNE, DANIELLE R 17038 WEST DIXIE HIGHWAY NORTH MIAMI FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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300023984413 10/21/03--01130--002 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 9/30/03 305-682-0365
Date Daytime Phone #

0053503
AV

CR2E034 (4/03)



Rachlin Cohen & Holtz LLP
Certified Public Accountants & Consultants

October 6, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Allstate Medical Co.
Reference #P99000069870
Form UBR Report Year 2003

Dear Sir or Madam:

We are writing to you in response to your letter dated August 21, 2003 (see enclosed). The taxpayer stated that it had never received the original uniform business report notice. In fact, the shareholder also has another entity (NE Medical Supply USA, Inc., Ref. #P98000000205) with the same mailing address that never received the original uniform business report notice.

The taxpayer made numerous attempts to reach the Florida Department of State in order to resolve this issue, but has been unsuccessful.

The taxpayer has always been in good standing with the Division of Corporations and has filed the Uniform Business Reports on a timely basis every year.

Enclosed is the 2003 Uniform Business Report (UBR) that the taxpayer is filing.

Based on the above information, we respectfully request that the late filing penalties be waived. A check in the amount of \$150 is enclosed.

Sincerely,

Alex de la Vega
Alex de la Vega, CPA

Enclosures