

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90013 006 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000088283			
1. Entity Name SUN CENTER MEDICAL I, INC.			
Principal Place of Business 1590 NORTHEAST 162ND STREET NORTH MIAMI BEACH FL 33162		Mailing Address 1590 NORTHEAST 162ND STREET NORTH MIAMI BEACH FL 33162	
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 65-0989640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZIPKIN, SHELDON ESQ 2020 NE 163RD STREET NORTH MIAMI BEACH FL 33162		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	D JACOBSON, PAUL DO <input type="checkbox"/> Delete		
NAME	1590 NORTHEAST 162ND STREET		
STREET ADDRESS	NORTH MIAMI BEACH FL 33162		
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2 305 945 5437

CR2E034 (9/01)