

8/18

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90131 027 \*\*\*550.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P99000090704**

1. Entity Name  
**MEDWEST PROFESSIONAL CENTER, INC.**

Principal Place of Business  
**2500 WESTON ROAD**  
**SUITE 103**  
**WESTON FL 33331**

Mailing Address  
**2500 WESTON ROAD**  
**STE 105**  
**WESTON FL 33331**

42452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

52-2373906

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

**ARVESU, MANUEL M ESQ.**  
**2121 PONCE DE LEON BLVD.**  
**SUITE 920**  
**CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSD**  
**BRICENO, DOUGLAS**  
**2500 WESTON ROAD SUITE 103**  
**WESTON FL 33331**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE PRESIDENT**  
**ARVESU, MANUEL**  
**201 ALHAMBRA CIRCLE, STE. 502**  
**CORAL GABLES, FL 33134**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

08-12-02

Date

Daytime Phone #

CR2E034 (4/02)