

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 33331Mailing Address
2500 WESTON ROAD
STE 105
WESTON FL 33331

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

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 State10. 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 PSD Delete
NAME BRICENO, DOUGLAS
STREET ADDRESS 2500 WESTON ROAD SUITE 103
CITY-ST-ZIP WESTON FL 33331TITLE VICE PRESIDENT Change Addition
NAME ARVESU, MANUEL
STREET ADDRESS 201 Alhambra Circle, STE. 502
CITY-ST-ZIP CORAL GABLES, FL 33134TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Change 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

DB-12-02

Date

Daytime Phone #

CR2E034 (4/02)