

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90096 029 ***158.75

DOCUMENT # P99000092121

1. Entity Name
PREFERRED MEDICAL SOLUTIONS, INC.

Principal Place of Business
208 LAKE PARSONS GREEN. STE. 1514
BRANDON FL 33511

Mailing Address
208 LAKE PARSONS GREEN. STE. 1514
BRANDON FL 33511

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 N.W. 109th Ave

3. Mailing Address
114 N.W. 109th Ave

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

City & State
Pembroke Pines, Fla

City & State
Pembroke Pines, Fla

Zip
33026

Country
USA

Zip
33026

Country
USA

4. FEI Number **59-3604340**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ASTAFAN, NICHOLAS
208 LAKE PARSONS GREEN, STE. 1514
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name **Astafan, Nicholas**
 Street Address (P.O. Box Number is Not Acceptable)

114 N.W. 109th Ave Ste 206
 City **Pembroke Pines** **FL** Zip Code **33026**

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

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 \$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. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **ASTAFAN, NICHOLAS**
 STREET ADDRESS **208 LAKE PARSONS GREEN, STE. 1514**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **ASTAFAN, NICHOLAS**
 STREET ADDRESS **114 N.W. 109th Ave., Ste 206**
 CITY-ST-ZIP **PEMBROKE PINES, FLA 33026**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ 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: **Nicholas Astafan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2002 **(954) 499-1573**
 Date Daytime Phone #

CR2E034 (9/01)