

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90177 045 ***150.00

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DOCUMENT # P99000092121

1. Entity Name
PREFERRED MEDICAL SOLUTIONS, INC.



Principal Place of Business
**114 NW 109TH AVE
206
HOLLYWOOD FL 33026**

Mailing Address
**114 NW 109TH AVE
206
HOLLYWOOD FL 33026**

2. Principal Place of Business
**427 Golden Isles Drive
Suite, Apt. #, etc.
66**

3. Mailing Address
**SAME
Suite, Apt. #, etc.**

City & State
Hallandale Beach, Florida

City & State

Zip
33009

Country
USA

Zip

Country

4. FEI Number **59-3604340**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ASTAFAN, NICHOLAS
114 N.W. 109TH AVE, STE 206
HOLLYWOOD FL 33026**

7. Name and Address of New Registered Agent

Name **Astafan Nicholas**
Street Address (P.O. Box Number is Not Acceptable)
427 Golden Isles Drive Suite 66
City **Hallandale Beach** **FL** Zip Code **33009**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D ASTAFAN, NICHOLAS 114 NW 109TH AVE, STE 201 HOLLYWOOD FL 33026	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Astafan, Nicholas 427 Golden Isles Drive Suite 66 Hallandale Beach, Florida 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 **(954) 240-8317**
Date Daytime Phone #

CR2E034 (10/02)