

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90687 001 \*\*\*\*\*8.75  
 05-05-2001 90687 002 \*\*\*150.00

**DOCUMENT # P99000099042**  
 1. Entity Name  
**TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION**

Principal Place of Business <b>3801 PGA BOULEVARD #510 PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>3801 PGA BOULEVARD #510 PALM BEACH GARDENS FL 33410</b>
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2. Principal Place of Business <b>3399 PGA Boulevard Suite, Apt. #, etc. Suite 240 City &amp; State Palm Beach Gardens, FL Zip 33410 Country Palm Beach</b>	3. Mailing Address <b>3399 PGA Boulevard Suite, Apt. #, etc. Suite 240 City &amp; State Palm Beach Gardens, FL Zip 33410 Country Palm Beach</b>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GALGANO, JAMES V  
 3801 PGA BLVD, STE 510  
 PALM BEACH GARDENS FL 33410**

4. FEI Number **65-0992040** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name **James V. Galgano**  
 Street Address (P.O. Box Number is Not Acceptable) **3399 PGA Boulevard**  
**Suite 240**  
 City **Palm Beach Gardens FL** Zip Code **33410**

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 *James V. Galgano* **JAMES V. GALGANO** DATE **4/2/01**  
Signature (Hand or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALGANO, JAMES V</b>	NAME	
STREET ADDRESS	<b>3801 PGA BLVD, STE 510</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUCAT, LAURENCE A</b>	NAME	
STREET ADDRESS	<b>3801 PGA BLVD, STE 510</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINA, MALCOLM S</b>	NAME	
STREET ADDRESS	<b>3801 PGA BLVD, STE 510</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *James V. Galgano* **JAMES V. GALGANO** DATE **4/2/01** Daytime Phone # **561-691-9900**  
SIGNATURE AND HANDWRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)