


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

04-21-2003 91036 041 ***150.00

DOCUMENT # P99000101612
1. Entity Name
STARMED MEDICAL CENTER INC.



Principal Place of Business
**3850 SW 87TH AVE
SUITE 207
MIAMI FL 33165**

Mailing Address
**3850 SW 87TH AVE
SUITE 207
MIAMI FL 33165**

55038487



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. # etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0983028** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**PALMA, FRANKLIN
3850 SW 87TH AVE
SUITE 201
MIAMI FL 33165**

7. Name and Address of New Registered Agent
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 *Franklin Palma, Esq. F.P.* DATE *4/17/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVPS PALMA, FRANKLIN 3850 SW 87TH AVE SUITE 201 MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Franklin Palma* **SIGNATURE REQUIRED** *4/17/03*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)