

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-06-2002 90073 012 ***158.75

DOCUMENT # S08640

1. Entity Name
FLORIDA MEDICAL PROVIDERS, INC.

Principal Place of Business: 6175 NW 153RD STREET #301 MIAMI LAKES FL 33014 US
 Mailing Address: 6175 NW 153RD STREET #301 MIAMI LAKES FL 33014 US

2. Principal Place of Business: 2901 SW 149 AVE #170
 Suite, Apt. #, etc. 170
 City & State: MIAMI, FL
 Zip: 33027 Country: U.S.A

3. Mailing Address: 2901 SW 149 AVE #170
 Suite, Apt. #, etc. 170
 City & State: MIAMI, FL
 Zip: 33027 Country: U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0227261		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
JACKSON, W. CHARLES 6175 NW 153RD STREET #301 MIAMI LAKES FL 33014		
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.

SIGNATURE _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2002	
TITLE: PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JACKSON, WILLIE CHARLES		NAME	
STREET ADDRESS: 6175 NW 153RD ST #301		STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33186		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	
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 information.

SIGNATURE: _____ DATE: 1/17/02 DAYTIME PHONE: 954-442-7881

01/27/02 AV

CR2E034 (9/01)