

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90159 032 ***150.00

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DOCUMENT # S32869

1. Entity Name
MEDERI OF ALACHUA COUNTY, INC.

Principal Place of Business
 PO BOX 144536
 CORAL GABLES FL 33114-4536

Mailing Address
~~100 SE 2ND ST.~~
~~28 FLOOR~~
~~MIAMI FL 33101~~

2. Principal Place of Business

Mailing Address
153 Sevilla Avenue

Suite, Apt. #, etc.

~~Suite, Apt. #, etc.~~

City & State

City & State
Coral Gables, FL

4. FEI Number **65-0260915**

Applied For
Not Applicable

Zip

Country

Zip
33134

Country
USA

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
~~100 SE 2ND ST.~~
~~28 FLOOR~~
~~MIAMI FL 33101~~

7. Name and Address of New Registered Agent

Name
M.J.F. Registered Agent Corp.
Street Address (P.O. Box Number is Not Acceptable)
153 Sevilla Avenue
City
Coral Gables
FL
Zip Code
33134

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

Pres

(NOTE: Registered Agent signature required when reinstating)

3/15/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAZQUEZ, SANDRA PO BOX 144536 CORAL GABLES FL 33114-4536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NESSLEIN, DAVID PO BOX 144536 CORAL GABLES FL 33114-4536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature]
 SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Nessler

3/11/2002
 DATE
(305) 447-2350
 DAYTIME PHONE #

CR2E034 (9/01)