

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25171

1. Entity Name

SUN COAST MEDICAL SERVICES OF FORT LAUDERDALE, I

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90170 015 ***550.00

Principal Place of Business

Mailing Address

5226 NW 15 ST
BAY 72
MARGATE FL 33063
US

P.O. BOX 936281
MARGATE FL 33093
US

2. Principal Place of Business

3. Mailing Address

5199 NW 15 ST

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 17B

City & State

City & State

MARGATE FL

Zip

Country

Zip

Country

33063

US

4. FEI Number 65-0335899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, PHILIP L
633 S ANDREWS AVE
SUITE 203
FT LAUDERDALE FL 33301

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

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

(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, 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 PD
NAME BARNISH, EILEEN F
STREET ADDRESS 4963 N HEMINGWAY CIR
CITY-ST-ZIP MARGATE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BARNISH, MICHAEL S
STREET ADDRESS 4963 N HEMINGWAY CIR
CITY-ST-ZIP MARGATE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Michael S Barnish 6/1/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 346 2748

Date

Daytime Phone #