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

## V31767 DOCUMENT #

1. Entity Name

MEDICUS COMPANY, INC.



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90283 042 \*\*\*158.75

FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Be Added to Fees													
Suite, Apr. #, atc.  Suite, Ap	3189 S.W. 8TH STREET				3189 S.W. 8TH STREET					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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See Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  VILARCHAO, LAZARO 3189 S.W. 8TH STREET  MAMI FL 33135  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent.  Significant Register areas cannot be purpose of changing its registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators of registered digent. or both, in the State of Florids. I an familiar with, and accept the originators area and accept and accept the originators are an expense of registered digent. or both in the State of Florids. I an familiar with, and accept the originators area and accept agent and accept agent.  Significant Register and accept agent and accept agent and accept agent.  Significant Register and accept agent and accept agent and accept agent.  Significant Register and accept agent and accept agent and accept agent.  Significant Register and accept agent and accept agent and accept agent.  Significant Register and accept agent and accept agent and accept agent agent agent and accept agent.  Significant Register and accept agent	City & Sta	te		City	City & State				65-1329606				
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Spreame, types or primate amone of types tend agent and talled if applicable.  **FILE NOW!!! FEE IS \$15.0.00 **After May 1, 2003 Fee will be \$\$50.00 **After May 1, 2003 Fee will be \$\$50.00 **Truel Fund Contribution.**  **OFFICERS AND DIRECTORS**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **TITLE** **ITILE** **WAWE** **STREET ADDRESS** **OTHY-ST-2P**  **ITILE** **SD** **ULARCHAO, LAZARO** **STREET ADDRESS** **OTHY-ST-2P** **ITILE** **SD** **ULARCHAO, LAZARO** **STREET ADDRESS* **OTHY-ST-2P** **MAMIF** **STREET ADDRESS* **OTHY-ST-2P** **MAMIF** **STREET ADDRESS* **OTHY-ST-2P** **ITILE** **NAME** **STREET ADDRESS* **STREET ADDRES	the obligat			for the purp	ose of changing its	register	ed office or reg	gistered	d age	ent, or both, in the State of F	lorida. I am f	amiliar with,	and accept
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	<b>-</b>	ertify that the	information supplied with	th this filing	does not qualify for			in Sect	tion 1	19 07(3)(i) Florida Statutos	I further cert	ify that the i-	formation

of the corporation of the receiver of trustee employeed 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:

E OR SIGNING OFFICER OR DIRECTOR

125/03