

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90052 015 \*\*\*150.00

0200634

**DOCUMENT # V62786**

1. Entity Name  
**STAT MEDICAL CLINIC II, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>13144 PARK BLVD<br/>                 STE B<br/>                 SEMINOLE FL 34646<br/>                 US</b> | Mailing Address<br><b>12302 NE 6 AVE.<br/>                 NORTH MIAMI FL 33161<br/>                 US</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  2. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0358734** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STACHEWITSCH ANDRE  
 12302 NE 6 AVE.  
 1428 BRICKELL AVE. 6TH FLOOR  
 NORTH MIAMI FL 33161**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. OFFICERS AND DIRECTORS      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|---------------------------------|--|---|------|
| TITLE                           | NAME   | TITLE   | NAME |
| <input type="checkbox"/> Delete | <b>P<br/>STACHEWITSCH, ANDRE<br/>12302 NE 6 AVE.<br/>N MIAMI FL</b>        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>VP<br/>FRIEDWALD, DON<br/>12302 NE 6 AVE<br/>NORTH MIAMI FL</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>S<br/>STACHEWITSCH, MONIQUE<br/>12302 NE 6TH AVE<br/>NORTH MIAMI FL</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>T<br/>STACHEWITSCH, MARC<br/>12302 NE 6TH AV<br/>NORTH MIAMI FL</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete | <b>VP<br/>FRIEDMAN, GRETA<br/>12302 NE 6 AVE<br/>N MIAMI FL 33161</b>      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| <input type="checkbox"/> Delete |  | <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]* x 3/20/2001 305-893-7698  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ANDRE STACHEWITSCH**

CR2E034 (10/00)