

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0006708 AT

03-20-2002 90018 027 ***150.00

DOCUMENT # P01000117610

1. Entity Name
 LIFE CARE MED. SERVICES, INC.

Principal Place of Business Mailing Address
 1455 NW 14TH ST. 1455 NW 14TH ST.
 MIAMI FL 33125 MIAMI FL 33125

2. Principal Place of Business 3. Mailing Address
 2550 NW 72 AVE 2550 NW 72 AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
 103 103

City & State City & State
 MIAMI FL MIAMI FL

Zip Country Zip Country
 33122 U.S. 33122 U.S.

4. FEI Number Applied For
 65-1158483 Not Applicable

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

6. Name and Address of Current Registered Agent
 GONZALEZ, EVELIO
 1455 NW 14TH ST.
 MIAMI FL 33125

7. Name and Address of New Registered Agent
 Name EVELIO GONZALEZ
 Street Address (P.O. Box Number is Not Acceptable)
 16000 SW 140 CA
 MIAMI,
 City MIAMI, FL Zip Code 33177

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]* (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. 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	DPST	<input type="checkbox"/> Delete
NAME	GONZALEZ, EVELIO	
STREET ADDRESS	1455 NW 14TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: *[Signature]* PRESIDENT 03/05/02 (305) 323-0666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE