UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122687

1. Entity Name

L.MEDICAL CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 17 PM 2:25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5040 NW 7 STREET		%) 5040 NW 7 STREET	
Suite, Apt. #, etc. 670		Suite, Apt. #, etc. 670	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33126	Country U.S.A.	Zip 33126	Country U.S.A.

DO NOT WRITE IN THIS SPACE MRD

4. FEI Number 76-0733097 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name LAZARO MARTINEZ

Street Address (P.O. Box Number is Not Acceptable) 3749 SW 149 AVE

City MIAMI FL Zip Code 33185

DO NOT WRITE IN THIS SPACE (31)

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] 7/8/03

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT LAZARO MARTINEZ 3749 SW 149 Ave ~~MIAMI, FL. 33185~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/TREASURY LAZARO MARTINEZ 3749 SW 149 Ave ~~MIAMI, FL. 33185~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT/SECRETARY ROBERTO MENDEZ 4691 NW 9 STREET # A-205 ~~MIAMI, FL. 33126/~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100021761041 07/24/03--01013--020 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/8/03 (305)541-2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RETURN WITH DOCUMENT!

July 8, 2003.

Florida Dept. of Revenue.
Division of Corporations.

Ref: L. Medical Center, Inc.
Document # P02000122687.

Sir or Madam:

I am attaching the 2003 UBR Form and the Check # 0091 for the amount of $150.00.

I never received the form from you, and now I found this one in blank and I fill it out.

Thanks.

LAZARO Martinez
President
L. Medical Center, Inc