

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90048 008 ***150.00

DOCUMENT # 546697

1. Entity Name
MIAMI HEALTH INSTITUTE, INC.

Principal Place of Business
13701 SW 105 AVE
MIAMI FL 33176
US

Mailing Address
1521 ALTON ROAD
210
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1781525**

Applied For
 Not Applicable

Zip Country Zip Country

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

SCHWAGER, JEFFREY
13701 SW 105 AVE
MIAMI FL 33176

Name **JEFFREY SCHWAGER**
 Street Address (P.O. Box Number is Not Acceptable)
4666 N. BAY ROAD
 City **MIAMI BEACH** **FL** Zip Code **33140**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jeffrey Schwager* **JEFFREY SCHWAGER PRESIDENT** **8-26-02**
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **SCHWAGER, JEFFREY**
 STREET ADDRESS **13701 SW 105 AVE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P** ☒ Change ☐ Addition
 NAME **JEFFREY SCHWAGER**
 STREET ADDRESS **4666 N. BAY ROAD**
 CITY-ST-ZIP **MIAMI BEACH, FL. 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

CR2E034 (4/02)

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: *Jeffrey Schwager* **JEFFREY SCHWAGER** **8-26-02** **305-532-7171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

677293

#546697

Miami Health Institute, Inc.
d/b/a Mobile Medical
1521 Alton Road #210
Miami Beach, Fl. 33139

August 26, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

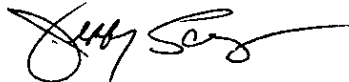
Gentlemen:

Please note that we did not receive the original Uniform Business Report form. Our mailing address changed during the past year and it is possible that the original was mailed to our old mailing address from which we no longer receive forwarded mail.

We recently received the 60 day notice form which includes a substantially higher fee. I called your office and we were instructed to file this report with the original fee of \$150- along with this letter of explanation.

In accordance with these instructions from your office, we have enclosed the completed 2002 Uniform Business Report along with a check for \$150-

Thank-you,



Jeffrey Schwager
President