

2002 UNIFORM BUSINESS REPORT (UBR)

0008867 AT

DOCUMENT # **A32047**

1. Entity Name

MEDICAL MULTI-SPECIALTY LTD.

FILED

02 MAR 25 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

**4201 PALM AVE., SUITE 2-D
HIALEAH FL 33012**

Mailing Address

**4201 PALM AVE., SUITE 2-D
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0303989

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

**RUBEN DELGADO SR.
4201 PALM AVE., SUITE 102
HIALEAH FL 33012**

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

Signature, typed or printed name of registered agent and title if applicable.

at 12/31/01
691,831

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S28958**
NAME **MULTI-SPECIALTY CORP.**
STREET ADDRESS **4201 PALM AVE., #2-D**
CITY-ST-ZIP **HIALEAH FL 33012**

STREET ADDRESS

CITY-ST-ZIP

700005194457-0
-04/05/02--01020--010
******526.25 ****526.25**

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I am the partner in the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ruben Delgado SR
President

2/4/02

5/18/02

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE