

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001015

1. Entity Name

AZTEC MEDICAL SERVICES, LTD.

Principal Place of Business

6101 BLUE LAGOON DRIVE, SUITE 455  
MIAMI FL 33126

Mailing Address

6101 BLUE LAGOON DRIVE, SUITE 455  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0741921

Applied For

Not Applicable

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

MADORSKY, MARSHA G ESO  
2665 SOUTH BAYSHORE DRIVE, SUITE 603  
MIAMI FL 33133

Name  
Marsha G. Madorsky, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
100 SE Second Street

Suite 4000

City  
Miami

FL

Zip Code  
33131

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.

(NOT: Registered Agent signature required when reinstating)

3/19/01

DATE

9. Capital Contributions  
as Shown on record.

\$1,000.00

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 # P96000015383  
NAME AZTEC MEDICAL SERVICES, INC.  
STREET ADDRESS 6101 BLUE LAGOON DRIVE, SUITE 455  
CITY-ST-ZIP MIAMI FL 33126

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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)(i), Florida Statutes. I further certify that 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

Date

Daytime Phone #

3/19/01 305-265-2853

APPROVED  
AND  
FILED

01 MAY -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0003601 AF

CR2E003 (11/00)