

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004994

1. Entity Name

MEDICUS MEDIA.COM, INC.

R

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90004 007 ***150.00

Principal Place of Business

P.O. DRAWER 562470
MIAMI FL 33256

Mailing Address

P.O. DRAWER 562470
MIAMI FL 33256

2. Principal Place of Business

3883 Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

City & State

City & State

MIAMI

Zip

Country

Zip

Country

4. FEI Number

65-0763839

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

ARROYAVE, EFRAIN M.D.
444 BRICKELL AVE., SUITE 1050
MIAMI FL 33131

Name

EFRAIN ARROYAVE

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

6770 SW 124 ST

City

MIAMI

FL

Zip Code

33156

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]

EFRAIN ARROYAVE, MD

7-10-00

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, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP | PTD ARROYAVE, EFRAIN M.D. 444 BRICKELL AVE., SUITE 1050 MIAMI FL 33256 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS PINHEIRO, J. GUILHERME 3750 LEAFY WAY COCONUT GROVE FL 33133 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAFFORD, THOMAS P 444 BRICKELL AVE., SUITE 1050 MIAMI FL 33256 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PATRICIA FOX 3883 BISCAYNE BLVD MIAMI, FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-00 305-252-2195

CP 2000 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT

DOCUMENT # P97000057166

1. Entity Name

MEDICUS GROUP, INC.

Principal Place of Business

6770 SW 124TH ST.
MIAMI FL 33156

Mailing Address

6770 SW 124TH ST.
MIAMI FL 33156

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

65-0763839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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SIGNATURE

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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT ARROYAVE, MARIO 4100 RIVIERA DR. CORAL GABLES FL 33146 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS FOX, BRUCE E PHD 1680 NE 191 STREET, APT 109 N MIAMI BEACH FL 33179 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F99 000000 4994

A0067931



MEDICUS

GROUP

July 10, 2000

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

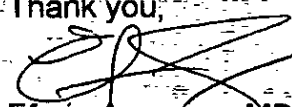
RE: Medicus Group, Inc & MedicusMedia.com, Inc

Dear Sir/Madam,

The annual form, which was due by 5/1/00 was never received. This may have been due to the fact that Medicus Group, Inc. was replaced with MedicusMedia.com, Inc. The FEI# was unchanged. Please see enclosed forms.

Mark Corbett at Dept of State (850-487-6056) instructed us to request another form and to file it with letter saying *first mailing not received*, and to please accept the original amount of \$150 without penalty.

Thank you,


Efrain Arroyave, MD
Chief Operating Officer
305-252-2195

EA:wp

Enclosures

Publisher: MEDICINA 2000.COM magazine