2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 02, 2001 8:00 am **DOCUMENT # K02512 Secretary of State** 1. Entity Name UNIQUE CARE MEDICAL SERVICES, INC. 03-02-2001 90036 027 ***150.00 Principal Place of Business Mailing Address 2000 NW 89 PLACE 2000 NW 89 PL MIAMI FL 33172 MIAM! FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0226166 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINARES, AMELIA Street Address (P.O. Box Number is Not Acceptable) 2000 NW 89 PLACE **MIAMI FL 33172** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, CR2E034 (10/00) TITLE ☐ Delete TITLE Addition NAME LINARES, AMELIA NAME STREET ADDRESS STREET ADDRESS 2000 NW 89 PLACE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33172** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [] Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if supplied with this I hereby certify that the information indicated on this report or supplen ental report is t of the corporation or th changed, or on an attachment w

AMEUA LINARES, PRES.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-994-7336

Daytime Phone #