

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-29-2002 90736 046 ***150.00

DOCUMENT # K60228

1. Entity Name

Medical Home Care Programs, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7003 N Waterway Dr

Suite, Apt. #, etc.

213

City & State

Miami, FL

Zip

33155

Country

US

3. Mailing Address

7003 N Waterway Dr

Suite, Apt. #, etc.

213

City & State

Miami, FL

Zip

33155

Country

US

4. FEI Number

54-2933510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Edna K Garcia

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

1025 Sorolla Ave

City

Miami, FL

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

NOTE: Registered Agent Signature required when transferring.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSD
Garcia, Edna K
7003 N Waterway DR STE 213
Miami, FL 33155-2896**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
Medell, Robert
2680 SW 87th Avenue
Miami, FL 33155**

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

5/23/02

CR20348 (12/01)

Attachment DE #K 60228

96297

MEDICAL HOME CARE PROGRAMS

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORTS

RE: MEDICAL HOME CARE
PROGRAMS K60228

Dear Sirs:

On 5/22/02 while I was into SUNBIZ.ORG out of curiosity I checked into the above Corporation and it did not show that the 2002 report had been entered.

On 5/23/2002 I called your department and verified that you had not received the UBR For 2002.

On April 8/2002 I had mailed the 2002 UBR with check #1404 (see copy attached). I have checked with my bank and the check has not been cashed, so I can only surmise that the report was somehow lost.

When I called your office they advised me to download a blank from the web site and Send it again with the \$150, so find enclosed both the form and the check.

Sincerely



Robert Medell
Director

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

AMOUNT OF DEPOSIT (Do NOT type, please print.)
DOLLARS CENTS

EIN 59-2933510 250812

MEDICAL HOME CARE PROGRAM INC
4942 LE JEUNE ROAD
CORAL GABLES FL 33146-2208

IRS USE
ONLY

Darken only one TYPE OF TAX		a n d	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/>	1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/>	2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/>	3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/>	4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

62

07 6

Telephone number ()

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)