

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0217940

**DOCUMENT # K82592**

1. Entity Name  
**A-1 MEDICAL HEALTH CENTER INC.**

05-16-2001 90054 019 \*\*\*158.75

Principal Place of Business <b>MARIA E. QUINONES</b> <b>911 SW 87TH AVE</b> <b>MIAMI FL 33174</b> <b>US</b>	Mailing Address <b>MARIA E QUINONES</b> <b>911 SW 87TH AVE</b> <b>MIAMI FL 33174</b> <b>US</b>
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97882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>911 SW 87TH AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>911 SW 87TH AVE</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>	4. FEI Number <b>65-0116123</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33174</b>	Country <b>DADE</b>	Zip <b>33174</b>	Country <b>DADE</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QUINONES, MARIA E**  
**911 SW 87TH AVE**  
**MIAMI FL 33174**

7. Name and Address of New Registered Agent  
 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 *Maria E Quinones* DATE 04/30/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>QUINONES, MARIA E</b> <b>205 SW 133 CT</b> <b>MIAMI FL 33184</b>
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *Maria E Quinones* DATE 04/30/01 DAYTIME PHONE # 305 266 5519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)