

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 12 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82592

1. Entity Name

A-1 MEDICAL HEALTH CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
911 SW 87th ave

3. Mailing Address
911 SW 87th ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

4. FEI Number
650116123

Applied For
Not Applicable

Zip
33174

Country
USA

Zip
33174

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jennifer Azpeitia

Street Address (P.O. Box Number is Not Acceptable)
911 SW 87th ave

City Miami FL Zip Code 33174

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 
Jennifer Azpeitia

President

(NOTE: Registered Agent signature required when recertifying)

9/09/02

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
President; Director; Secretary
Jennifer Azpeitia
205 SW 133 Ct Miami FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800007810238--
-09/17/02--01074--030
*****70.25 *****70.00

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/09/02

Date

305-266-5519

1-800-352-3333

6R2E0046 (12/07)

9/9/02