

2001 UNIFORM BUSINESS REPORT (UBR)

0010060 AF

DOCUMENT # L00000006806

1. Entity Name

JMA/RT CARE INTERNATIONAL, LLC

FILED

01 MAR 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7300 NORTH KENDALL DRIVE, SUITE 460 7300 NORTH KENDALL DRIVE, SUITE 460
MIAMI FL 33156 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

65-1016668

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 - Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTONELL, JOSEPH M
7300 NORTH KENDALL DRIVE, SUITE 460
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER JOSEPH M. ANTONELL 7300 N KENDALL DRIVE SUITE 460 MIAMI, FL. 33156

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MEMBER DOCTOR RAMON RODRIGUEZ-TORRES 13269 SW 146 ST. MIAMI, FL. 33186

TITLE NAME STREET ADDRESS CITY-ST-ZIP
000003911429-03/27/01--01028--002
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JOSEPH M. ANTONELL 1/31/01 305-670-4916

CR2E083 (11/00)