

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90166 019 ***150.00

DOCUMENT # **L17510**

1. Entity Name

Managed-Care Consultants,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Deerfield Beach Broward

3. Mailing Address

1130 S Powerline RD #104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL 33442

City & State

Deerfield Beach FL 33442

Zip

33442

Country

BROWARD

Zip

33442

Country

BROWARD

4. FEI Number

650145993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Eloy Rodriguez

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

**1130 S Powerline RD
#104**

City

Deerfield Beach

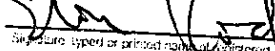
FL

Zip Code

33442

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 replacing)

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
**President
Eloy Rodriguez
1130 S Powerline
Deerfield FL 33442**

TITLE
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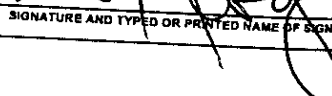
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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

5/10/02
Date

954-558-9449
Business Phone

CR2E034B (12/01)