

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42274

1. Entity Name

PREVENTIVE MEDICINE TESTING CENTERS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90130 044 ***150.00

Principal Place of Business

Mailing Address

2700 N 29 AVE
STE 112
HOLLYWOOD FL 33020
US

1244 FILMORE ST
HOLLYWOOD FL 33019-1025
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5201 RAVENSWOOD RD

Suite, Apt. #, etc.

STE 121

City & State

FORT LAUDERDALE

Zip

33313

Country

BROWARD

Zip

Country

4. FEI Number

59-2742219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIA E RODRIGUEZ
1244 FILLMORE ST
HOLLYWOOD FL 33019

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|------------------|--------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PST | RODRIGUEZ, MARIA E. | 1244 FILLMORE ST | HOLLYWOOD FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | RODRIGUEZ | 1244 FILLMORE ST | HOLLYWOOD FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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. Rodriguez

1/10/00

954-963-7763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)