

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000003457**1. Entity Name
OTMC, INC.

Principal Place of Business	Mailing Address
520 SOUTHARD ST	P.O. BOX 414586
KEY WEST FL 33040 US	MIAMI BEACH FL 33141 US

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
65-0595394Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSANCHEZ ROBERTO
5900 COLLEGE ROAD

KEY WEST FL 33040 US

7. Name and Address of New Registered AgentName
SANCHEZ ROBERTOStreet Address (P.O. Box Number is Not Acceptable)
780 NW LEJEUNE RD

SUITE 616

City FL Zip Code
MIAMI 33126

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 **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD ROBIN M.D.	
STREET ADDRESS	1111 12TH STREET, SUITE 112	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY JACK T	
STREET ADDRESS	1421 12TH ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ ROBERTO	
STREET ADDRESS	780 N.W. LEJEUNE ROAD, SUITE 616	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ D 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)