

FILED  
May 08, 2003 8:00 am  
Secretary of State

05-08-2003 90171 021 \*\*\*150.00

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

DOCUMENT # P 00000010955

1. Entity Name

Care Medical Solutions, Inc

80117230

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9600 Sw 8 St

3. Mailing Address

256 NW 42 Ave

Suite, Apt. #, etc.

23B-1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05-0983747

Applied For

Not Applicable

Zip

33174

Country

US

Zip

33126

Country

US

5. Certificate of Status Desired

☐ \$3.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Camas Carlos

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

9131 Sw 142 Path

City Miami

FL

Zip Code 33186

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) ☐

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

PV9D Santos Roberto  
9600 Sw 8 St #23B  
Miami FL 33174

TITLE  
NAME  
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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

Date

Daytime Phone #

CR2E034B (12/01)