

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000012100**1. Entity Name
COMPLETE FAMILY MEDICAL CARE, INC.Principal Place of Business
1125-27 NW 22 AVE
MIAMI FL 33125Mailing Address
12977 S.W. 132 COURT
MIAMI FL 331862. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
12973 SW 112ST
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

City & State
Zip Country4. FEI Number
65-0980495
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****WEITZMAN JACK**
9190 SUNSET DRIVE
MIAMI FL 33173 US**7. Name and Address of New Registered Agent**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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
DP
POVEDA JULIO C.M.D.
15435 S.W. 92 STREET
MIAMI FL 331961125 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ FELICIA
14597 SW 112 ST
MIAMI FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LOPEZ FELICIA
14597 SW 112 ST
MIAMI FL 33186 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALMANZAR JOSE
12977 SW 132 COURT
MIAMI FL 33186 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALMANZAR JOSE
12973 SW 112ST #318
MIAMI FL 33186 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Jose L Almanzar**PD 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)