

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-25-2003 90068 018 ***150.00

DOCUMENT # P00000012100

1. Entity Name

COMPLETE FAMILY MEDICAL CARE, INC.



Principal Place of Business

**1125-27 NW 22 AVE
MIAMI FL 33125**

Mailing Address

**12973 SW 112ST
#318
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

**1125-27 NW 22nd Ave
Suite, Apt. #, etc. N/A**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

miami, FL

Zip

Country

Zip

Country

33125 Dade

4. FEI Number

65-0980495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**WEITZMAN, JACK
9190 SUNSET DRIVE
MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **LOPEZ, FELICIA**
STREET ADDRESS **14597 SW 112 ST**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **Adonis MAIGUEZ, M.D.**
STREET ADDRESS **850 N. Miami Ave. #1810**
CITY-ST-ZIP **Miami, FL 33136**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Luis Andres Lopez**
STREET ADDRESS **14597 SW 112 St.**
CITY-ST-ZIP **Miami FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stefania F. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)