04-19-2004 90373 023 ***150.00
08-03-2004 90002 024 ***158.75
P00000016563

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
04 AUG -9 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54066312

DO NOT WRITE IN THIS SPACE 03-04

DOCUMENT # P00000016563

1. Entity Name
MEDICAL COURIER SYSTEMS INC

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2. Principal Place of Business	3. Mailing Address
6788 BROOK LINE DR	6788 BROOK LINE DR
Suite, Apt. #, etc. C/O DANIEL DIAZ	Suite, Apt. #, etc. C/O DANIEL DIAZ
City & State MIAMI, FL.	City & State MIAMI, FL
Zip 33015 Country DADE	Zip 33015 Country DADE

4. FEI Number
65-0993251
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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6.

7. Name and Address of Current Registered Agent

Name
DANIEL DIAZ

Street Address (P.O. Box Number is Not Acceptable)
6788 BROOK LINE DR

City MIAMI FL Zip Code 33015

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

January - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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	P
NAME	DANIEL DIAZ
STREET ADDRESS	6788 BROOK LINE DR
CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	
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11.

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Daniel Diaz x 4/15/04 x 305 826-5175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #