2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
02-03-2001 90075 016 ***150.00

DOCUMENT # P00000018178

1. Entity Name
24/7 TOTAL MEDICAL CARE, P.A. ✓

Principal Place of Business	Mailing Address
18223 PINES BLVD. PEMBROKE PINES FL 33029	18223 PINES BLVD. PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

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 65-1035176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENNISON & DENNISON, P.A. 15700 NW 67TH AVE, SUITE 200 MIAMI LAKES FL 33014	Name CARLOS A. PATINO Street Address (P.O. Box Number is Not Acceptable) 18223 PINES BLVD City PEMBROKE PINES FL Zip Code 33029

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 _____ 01/29/2001
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST PATINO, CARLOS M.D. 3801 SOUTH PCEAN DR., APT.2F HOLLYWOOD FL 33019	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST PATINO, CARLOS M.D 13051 N.W. 1ST APT#207 PEMBROKE PINES FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATINO, CARLOS M.D. 3801 SOUTH PCEAN DR., APT.2F HOLLYWOOD FL 33019	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATINO, CARLOS M.D 13051 N.W. 1ST APT#207 PEMBROKE PINES FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CLAUDIA VERGARA 13051 N.W. 1ST APT #207 PEMBROKE PINES FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ 01/29/2001 (954) 450 9050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OF OFFICER OR DIRECTOR — Date — Daytime Phone #

PAGE (954) 215 4429