

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90086 016 ***150.00

DOCUMENT # P00000018178

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

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

Mailing Address
18223 PINES BLVD.
PEMBROKE PINES FL 33029

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 **65-4035776**

Applied For
Not Applicable

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

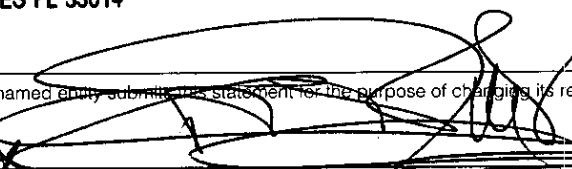
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNISON & DENNISON, P.A.
15700 NW 67TH AVE, SUITE 200
MIAMI LAKES FL 33014

Name **Carlos Patino MD**
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  **(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	☐ Delete
NAME	PATINO, CARLOS M.D.	
STREET ADDRESS	13051 NW 1 ST AP 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	☐ Delete
NAME	PATINO, CARLOS M.D.	
STREET ADDRESS	13051 NW 1 ST AP 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	M	☐ Delete
NAME	VEOGARA, CLAUDIA	
STREET ADDRESS	13051 NW 1 ST AP 207	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)