

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000018178

FILED
Jan 06, 2003
Secretary of State

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

Current Principal Place of Business:

18223 PINES BLVD.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18223 PINES BLVD.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1035116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATINO, CARLOS MD
18223 PINES BLVD.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

PATINO, CARLOS MD
18223 PINES BLVD.
PEMBROKE PINES, FL 33029 US

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:

01/06/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PATINO, CARLOS M.D.
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: PATINO, CARLOS M.D.
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

Title: M () Delete
Name: VEOGARA, CLAUDIA
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: M (X) Change () Addition
Name: VERGARA, CLAUDIA
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS A. PATINO

MD

01/06/2003

Electronic Signature of Signing Officer or Director

Date