FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90009 006 ***150.00

DOCUMENT # P00000025026

1. Entity Name

HEALTH GROUP MEDICAL SERVICE INC ✓

DO NOT WRITE IN THIS SPACE

B0093368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2001 NW 7TH ST	2001 NW 7TH ST
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc. SUITE 204
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIOA
Zip 33125 Country MIAMI-DADE	Zip 33125 Country MIAMI-DADE

4. FEI Number 65-0989062 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GONZALEZ, LILIANA

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

2001 NW 7TH ST STE 204

City MIAMI **FL** Zip Coce 33125

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	GONZALEZ, LILIANA
STREET ADDRESS	9088 NW 113 ST
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing complies with the requirements of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/26/02 (305) 643-4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031R (12/01)