

9/5/01-90010-012-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027120

1. Entity Name
E-MEDICAL SYSTEMS, INC.

Principal Place of Business

8350 S. DIXIE HWY., PH 2
MIAMI FL 33158

Mailing Address

8350 S. DIXIE HWY., PH 2
MIAMI FL 33158

2. Principal Place of Business

300 BISCAYNE BLVD. WAY
Suite, Apt. #, etc.
621

3. Mailing Address

P.O. BOX 402163
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI BEACH, FL

Zip

33131

Country

U.S.A.

Zip

33140

Country

U.S.A.

4. FEI Number

65-1143100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
8350 S. DIXIE HWY., PH 2
MIAMI FL 33158

7. Name and Address of New Registered Agent
Name: HAMBRA, SERGIO

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

300 BISCAYNE BLVD. WAY, SUITE 621

City: MIAMI

FL

Zip Code: 33131

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

[Signature]

PSD SERGIO HAMBRA 8-16-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PSD	☐ Delete
NAME	HAMBRA, SERGIO EMILIO	
STREET ADDRESS	AV. CORRIENTES 3872, PISO 1, D	
CITY-ST-ZIP	ARGENTINA	
TITLE	VTD	☐ Delete
NAME	SOFIA, LAURA D	
STREET ADDRESS	J. SALGUERO 2142, 1425 CAPITAL FEDERAL	
CITY-ST-ZIP	ARGENTINA	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☐ Change ☐ Addition
NAME	HAMBRA, SERGIO EMILIO	
STREET ADDRESS	300 BISCAYNE BLVD. WAY, SUITE 621	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VTD	☐ Change ☐ Addition
NAME	SOFIA, LAURA D.	
STREET ADDRESS	J. SALGUERO 2142	
CITY-ST-ZIP	1425 CAPITAL FEDERAL - ARGENTINA	
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)(f), 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 my address, with all other like empowered.

SIGNATURE:

[Signature]

8-16-01

Date

Daytime Phone #

FILED

01 OCT 26 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2004 (5/01)