

2001 UNIFORM BUSINESS REPORT (UBR)

01-2782 SP

DOCUMENT # P0000027699

1. Entity Name
CALL THE DOCTOR HEALTH CARE INC.

FILED

01 AUG -9 AM 11:04

Principal Place of Business
P.O. BOX 9400006
MIAMI FL 33184

Mailing Address
P.O. BOX 9400006
MIAMI FL 33184

SECRETARY OF STATE
5/22/01 AH 9400006 8/03/01 \$150.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ARANGO, JORGE L
1436 S.W. 124TH PLACE
MIAMI FL 33184-2345

Name **REVILLA JOSE M.**

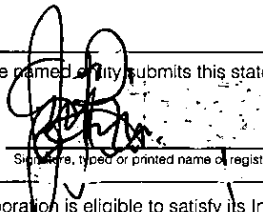
Street Address (P.O. Box Number is Not Acceptable)

7471 NW. 164 TERR.

City **MIAMI**

FL Zip Code **33015**

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

4/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD ARANGO, JORGE L**
STREET ADDRESS **1436 S.W. 124TH PLACE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE Change Addition
NAME **P.S.D. MIGUEL ANGEL ARANGO**
STREET ADDRESS **P.O. BOX 9400006 MIAMI FL 33184**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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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:  **REQUIRED**

SIGNATURE AND OFFICE OR DOMICILE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-218-8051

CFR2E034 (5/01)