

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0824451 AV

DOCUMENT # P00000027699

1. Entity Name  
~~CALL THE DOCTOR'S AROUND THE CLOCK CORP.~~

*MEDICAL ASSOCIATION OF COMMUNITY SERVICE (M.A.C.S.)  
CORP.*

FILED

03 APR 30 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

2. Principal Place of Business  
P.O. BOX 557432

3. Mailing Address  
P.O. BOX 557432

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL.

City & State  
MIAMI FL

4. FEI Number 65-0991560

Applied For  
Not Applicable

Zip  
33255

Country

Zip  
33255

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

~~FRANCO MORALES~~

Name  
LIZETTE SANTOS

Street Address (P.O. Box Number is Not Acceptable)  
351-NW. LE FEUNE RD.

City MIAMI FL Zip Code 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lizette Santos* DATE 4/22/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P NAME ~~FRANCO MORALES~~  Delete  
STREET ADDRESS ~~351-NW. LE FEUNE RD.~~  
CITY-ST-ZIP ~~MIAMI FL 33126~~

TITLE PRESIDENT  Change  Addition  
NAME LIZETTE SANTOS  
STREET ADDRESS P.O. BOX: 557432  
CITY-ST-ZIP MIAMI FL 33255

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  Change  Addition  
NAME MANUEL FRAGA  
STREET ADDRESS P.O. BOX: 557432  
CITY-ST-ZIP MIAMI FL 33255

TITLE 700018672287  Delete  
NAME 05/09/03--01051--005 \*\*50.00  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  Change  Addition  
NAME MIGUEL HERNANDEZ  
STREET ADDRESS P.O. BOX: 557432 MIAMI FL 33255  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  Change  Addition  
NAME JORGE MARTINEZ (DIRECTOR)  
STREET ADDRESS P.O. BOX: 557432 MIAMI FL 33255  
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 700018672287  Change  Addition  
NAME 05/09/03--01051--003 \*\*8.75  
STREET ADDRESS 700018672287  
CITY-ST-ZIP 05/09/03--01051--004 \*\*100.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lizette Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date Daytime Phone #

CR2E034 (10/02)