

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0824451 AV

DOCUMENT # P00000027699

FILED

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

03 APR 30 PM 2:06

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~XXXXXXXXXX~~

Mailing Address  
~~P.O. BOX 557432  
MIAMI FL 33255~~



2. Principal Place of Business  
P.O. BOX 557432  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 557432  
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  
P.O. BOX 557432  
MIAMI FL 33255~~

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*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <del>FRANCO MORALES P.O. BOX 557432 MIAMI FL 33255</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018672287 05/09/03--01051--005 **50.00	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIZETTE SANTOS P.O. BOX: 557432 MIAMI FL 33255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MANUEL FRAGA P.O. BOX: 557432 MIAMI FL 33255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MIGUEL HERNANDEZ P.O. BOX: 557432 MIAMI FL 33255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JORGE MARTINEZ (DIRECTOR) P.O. BOX: 557432 MIAMI FL 33255	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018672287 05/09/03--01051--003 **8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700018672287 05/09/03--01051--004 **100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)