

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90173 010 \*\*\*150.00

DOCUMENT # *P00000031114*

1. Entity Name  
*R.F.G. MEDICAL CLINIC INC* ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*5335 SW 8 ST*  
Suite, Apt. #, etc.

3. Mailing Address  
*5335 SW 8 ST*  
Suite, Apt. #, etc.

**973091**

DO NOT WRITE IN THIS SPACE

City & State  
*MIAMI FL*  
Zip  
*33134* Country  
*US*

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4. FEI Number  
*65-0998555*  
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  
*DE VILLEGAS, FLAVIO DIAZ*  
Street Address (P.O. Box Number is Not Acceptable)  
*5335 SW 8 ST*  
City  
*MIAMI* FL Zip Code  
*33134*

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 *F Villegas* *8/2/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*DAST*  
*DE VILLEGAS, FLAVIO DIAZ*  
*5335 SW 8 ST*  
*MIAMI FL 33134*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *F Villegas* *8/2/2* *(205) 476-3173*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment

913091  
P00000031114

August 2, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P00000031114

Gentlemen:

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office in which I could renew for 150.00.

I am enclosing 150.00 in order to renew my corporation.

Thank you,

*F. Villegas*  
Flavio Diaz De Villegas  
President