

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90161 003 \*\*\*158.75

DOCUMENT # P00000039972

1. Entity Name  
**MED-CHECK, INC.**



Principal Place of Business  
 4761 SW 143RD CT.  
 MIAMI FL 33175

Mailing Address  
 4761 SW 143RD CT.  
 MIAMI FL 33175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15817 SW 66th Ter**

3. Mailing Address  
**15817 SW 66th Ter.**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1001624**

Zip  
**33193**

Country  
**Dade**

Zip  
**33193**

Country  
**Dade**

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

**PEREZ, MICHAEL**  
**13500 SW 88TH ST., SUITE 295A**  
**MIAMI FL 33186**

Name  
**Loureda Y. Garcia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15817 SW 66th Ter**  
 City  
**Miami, FL** Zip Code  
**33193**

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 Loureda Garcia (NOTE: Registered Agent signature required when substituting)  
 DATE 04/30/2001

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GARCIA, LOURDES Y	4761 SW 143RD CT.	MIAMI FL 33175	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GARCIA, LOURDES Y.	15817 SW 66th Ter.	Miami, FL 33193	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Loureda Garcia DATE: 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)