

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90044 043 ***150.00

0132285 AV

DOCUMENT # P00000045293

1. Entity Name

PREMIUM CARE DOCTORS CORP.

Principal Place of Business

**1816 E 4TH AVENUE
HIALEAH FL 33010**

Mailing Address

**1816 E 4TH AVENUE
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEL SOL, JUAN C
1816 E 4TH AVENUE
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name

Ramon Gomez

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

782 N.W. 42nd. Ave. Ste 447

City

Miami, Fl.

FL

Zip Code

33026

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GALGUERA, MANUEL A 1816 EAST 4TH AVENUE HIALEAH FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DEL SOL, JUAN C 1816 EAST 4TH AVENUE HIALEAH FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELGADO, JUAN 1016 EAST 4TH AVENUE HIALEAH FL 33010 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Manuel A. Galguera, M.D

3/25/02 (305) 805-0012.

CR2E034 (9/01)