

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047657

1. Entity Name
INTERNATIONAL MEDICAL CLINIC, CORP.



FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90227 044 ***150.00

029967 AV

Principal Place of Business
1800 SW 8 STREET
MIAMI FL 33135

Mailing Address
1800 SW 8 STREET
MIAMI FL 33135



2. Principal Place of Business

2250 S.W. 3rd Ave.

3. Mailing Address

2250 S.W. 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

Suite 150

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

33129 USA

Zip

Country

33129 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1007032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLED, ROSA
1800 SW 8 STREET
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *[Signature]*
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

TITLE PD
NAME WALLED, ROSA
STREET ADDRESS 1800 SW 8 STREET
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE VD
NAME GINORIS, LUIS DR
STREET ADDRESS 5210 SW 186TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33332-1412 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03 (305) 854 4771

CR2E034 (10/02)