

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91156 021 \*\*\*150.00

**DOCUMENT #** P00000056913  
**1. Entity Name**  
 BIO-MED MEDICAL CENTER, INC

**Principal Place of Business** 587 S.W. 22 Ave. MIAMI, FL 33135-3116  
**Mailing Address** 587 S.W. 22 Ave. MIAMI, FL 33135-3116

00056029

**2. Principal Place of Business** Suite, Apt. #, etc  
**3. Mailing Address** Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

**City & State**  
**Zip** **Country**

**4. FEI Number** 65-1023827  
**Applied For** Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 TANIA GARCIA-ESQUERRO  
 2127 BRICKELL AVE # 605  
 MIAMI, FLA. 33129

**7. Name and Address of New Registered Agent**  
**Name** TANIA GARCIA-ESQUERRO  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2127 BRICKELL AVE # 605  
**City** MIAMI **FL** **Zip Code** 33129

**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]* **DATE** 4/27/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	TANIA GARCIA-ESQUERRO	
STREET ADDRESS	2127 BRICKELL AVE # 605	
CITY - ST - ZIP	MIAMI, FL 33129	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOMAS E. BARRIOS	
STREET ADDRESS	140 NW. 9 AVE.	
CITY - ST - ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**3. 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]* **DATE** 4/27/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)