

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90386 049 \*\*\*150.00

**DOCUMENT # P00000059877**

**1. Entity Name**  
**INTERNATIONAL PATIENT CARE, INC.**

**Principal Place of Business**

**5840 LA GORCE DR.**  
**MIAMI BEACH FL 33140**

**Mailing Address**

**5840 LA GORCE DR.**  
**MIAMI BEACH FL 33140**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-1025490**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fees Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BACCHELLI, SANDRO**  
**5840 LA GORCE DR.**  
**MIAMI BEACH FL 33140**

Name

**BACCHELLI ANTONELLA**

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

**5840 LA GORCE DR.**

City

**MIAMI BEACH**

**FL**

Zip Code

**33140**

**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**

*Antonella Bacchelli* **ANTONELLA BACCHELLI (PRESIDENT)** **4/10/02**

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) ☐

**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**

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

**TITLE** **D** ☐ Delete  
**NAME** **BACCHELLI, SANDRO**  
**STREET ADDRESS** **5840 LA GORCE DR.**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33140**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:**

*Antonella Bacchelli* **ANTONELLA BACCHELLI** **4/10/02** **305 866 1905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)