

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 008 ***150.00

DOCUMENT # P00000061989

1. Entity Name

MEDICAL CREDENTIALING CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

770 PONCE DE LEON BLV

3. Mailing Address

770 PONCE DE LEON BLV

Suite, Apt. #, etc.

SUITE 228

Suite, Apt. #, etc.

SUITE 228

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

4. FEI Number

65-1019689

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TSIMOGIANNIS, JOHNNY

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

770 PONCE DE LEON BLVD

SUITE 210

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PDT
NAME	DUENAS, DAYLIN
STREET ADDRESS	3750 W 16TH AVENUE
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	DVS
NAME	TSIMOGIANNIS, JOHNNY
STREET ADDRESS	770 PONCE DE LEON BLVD, #200
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Daylin Duenas*

DAYLIN DUENAS

04/30/02 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #