

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-12-2001 90010 013 ***150.00

DOCUMENT # P00000074638

1. Entity Name
MEDICO ON THE GO, INC.

Principal Place of Business Mailing Address
10445 S.W. 128TH TERRACE 10445 S.W. 128TH TERRACE
MIAMI FL 33176 MIAMI FL 33176

47801



DO NOT WRITE IN THIS SPACE

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 **65-1038411** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BRAND, CRAIG A.
 3995 N. MIAMI AVENUE, SUITE #403
 MIAMI FL 33137~~
**CAMILO LOPEZ
 10445 SW 128TH TERR
 MIA, FL 33176
 (305) 2328234**

Name: **CAMILO LOPEZ**
 Street Address (P.O. Box Number is Not Acceptable)
10445 SW 128 TERR
 City **MIAMI** FL Zip Code **33176**

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 **CAMILO E. LOPEZ** *[Signature]* **PRESIDENT** **5/28/01**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, CAMILO	
STREET ADDRESS	10445 S.W. 128TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEL RIO, CARLOS	
STREET ADDRESS	10445 S.W. 128TH TERRACE 1930 N. HIBISCUS DR	
CITY-ST-ZIP	MIAMI FL 33176 MIA, FL 33181	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ETCHEMENDY, CLAUDIO	
STREET ADDRESS	10445 S.W. 128TH TERRACE 400 KINGS PT. DR	
CITY-ST-ZIP	MIAMI FL 33176 #1018 NO. MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Camilo E. Lopez** *[Signature]* **as president** **4/29/01** **(305) 3457691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)