

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1

DOCUMENT # P00000080522

1. Entity Name
INTENCARE MEDICAL CORP.



03 MAR 21 AM 9:26

03-05-2003 90035.002 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8280 NW 56 ST
MIAMI FL 33166

Mailing Address
8280 NW 56 ST
MIAMI FL 33166

Moved.

2. Principal Place of Business

9605 NW 79 AVE

3. Mailing Address

← Same

Suite, Apt. #, etc.

Bay 5

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Zip

33016

Country

USA

Zip

Country

4. FEI Number

65-1034127

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: INTENCARE Medical Corp.
Street Address (P.O. Box Number is Not Acceptable)

9605 NW 79 AVE, Bay 5

City: Hialeah Gardens

FL

Zip Code

33016

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, typed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required when reinstating)

03-1-03

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: PSTD
NAME: GONZALEZ, RAFAEL
STREET ADDRESS: 8280 NW 56ST
CITY-ST-ZIP: MIAMI FL 33166

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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:
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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 REQUIRED**

03-1-03 301-694-0250