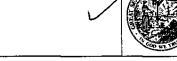
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000081673

1. Entity Name PHYSICIANS FIRST MEDICAL, INC.



Principal Place of Business 5600 S.W. 135TH AVENUE

SUITE 212

MIAMI FL 33183

Mailing Address

5600 S.W. 135TH AVENUE

SUITE 212

MIAM! FL 33183

2. Principal Place of Business			3. Mailing Address										
Suite Apt. #, etc.			Suite Apt. #_etc.				ļ	CHECK HERE IF MAKING CHANGES					
City & State				City & State				65-1036062 				plied For t Applicable	
Zip	Zip Country				Count	1. 5. Certificate of Status Desired 1.1 ♥*				8.75 Additional			
6. Name and Address of Current Registered Agent							7. <u> </u>	Name and Address	of New Registere	d Agent			
QUIROGA, GINA						Name Street Address (P.O. Box Number is Not Acceptable)							
5600 S.W. 135TH AVENUE SUITE 212						suite 201							
MIAMI FL 33183						City		FL Zip Code				,	
	tions of regist	y submits this statement for the ered agent. or printed name of registered agent and		J J			egistered ag		ate of Florida. I a		r with, a	and accept	
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 Cam Trust Fund Co				0 May Be to Fees	
10.	4.3	OFFICERS AND DI	RECTO	RS	11.		AD	DITIONS/CHANGES	TO OFFICERS A	ND DIRE	CTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROGA, 5600 S.W. MIAMI FL	135TH AVENUE SUITE 2	12	☐ Delete		T ADDRESS ST-ZIP	•		suite	201	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOAIZA, F. 5600 S.W. MIAMI FL	135TH AVENUE SUITE 2	12	☐ Delete		T ADDRESS ST-ZIP	-		suite	≥ °		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Delete	•	T ADDRESS ST-ZIP				Q.0 -	<u>Change</u>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP				c	hange	Addition	
TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE NAME STREE	T ADDRESS				□ C	hange	Addition	

12. I hereby certify that the information supplied with this filling 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 frustee 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.

CITY-ST-ZIP

STREET ADDRESS

C!TY-ST-ZIP

TITLE

NAME

SIGNATURE: >

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition

FILED

Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90150 026 ***150.00