


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
03 NOV 17 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085948

1. Entity Name
NATIONAL Practice Management Services



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15025 NW 77 AVE
Suite, Apt. #, etc.
134
City & State
MIAMI LAKES, FL
Zip
33014 Country
USA

3. Mailing Address
PO BOX 4528
Suite, Apt. #, etc.
City & State
Hialeah, FL
Zip
33014 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1137429

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

7. Name and Address of Current Registered Agent
Name
Kelvin Alvarez
Street Address (P.O. Box Number is Not Acceptable)
15025 NW 77 AVE
Suite 134
City
MIAMI LAKES FL Zip Code
33014

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kelvin Alvarez* KELVIN ALVAREZ 11-14-2003
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRES & CEO HORTENSIA ALVAREZ 15025 NW 77 AVE #134 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800024762428 11/17/03--01097--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT YANISA ROMERO 15025 NW 77 AVE #134 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KELVIN ALVAREZ 15025 NW 77 AVE #134 MIAMI LAKES, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelvin Alvarez* KELVIN ALVAREZ 11-14-2003 (305) 826-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)