

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90091 022 ***150.00

0217391 -AV

DOCUMENT # P00000088141

1. Entity Name

CARE FIRST OCCUPATIONAL HEALTH CENTER, INC.

Principal Place of Business

**115 PONCE DE LEON BLVD
 MIAMI FL 33135**

Mailing Address

**115 PONCE DE LEON BLVD
 MIAMI FL 33135**

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

65-1043815

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARTINEZ, CARLOS
 115 PONCE DE LEON BLVD
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Handwritten 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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **PD** ☐ Delete
 NAME **SCUDERI, GAETANO**
 STREET ADDRESS **115 PONCE DE LEON BLVD**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VSD** ☐ Delete
 NAME **MARTINEZ, CARLOS**
 STREET ADDRESS **115 PONCE DE LEON BLVD**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **TD** ☐ Delete
 NAME **REYES, RUBEN D JR**
 STREET ADDRESS **115 PONCE DE LEON BLVD**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/2002

CR2E034 (9/01)