

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000089505

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: CAMPILLO MEDICAL INC.

## Current Principal Place of Business:

533 SW 8TH STREET  
MIAMI, FL 33130

## New Principal Place of Business:

450 SW 8 STREET  
MIAMI, FL 33130

## Current Mailing Address:

533 SW 8TH STREET  
MIAMI, FL 33130

## New Mailing Address:

450 SW 8 STREET  
MIAMI, FL 33130

FEI Number: 65-1051510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPILLO, LUIS M  
9731 NW 28TH TERRACE  
MIAMI, FL 33172

## Name and Address of New Registered Agent:

CAMPILLO, LUIS M  
450 SW 8 STREET  
MIAMI, FL 33130

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: LUIS M. CAMPILLO, MD.

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAMPILLO, LUIS M  
Address: 9731 NW 28TH TERRACE  
City-St-Zip: MIAMI, FL 33172

Title: VD (X) Delete  
Name: CAMPILLO, ROSA  
Address: 9731 NW 28TH TERRACE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAMPILLO, LUIS M  
Address: 450 SW 8 STREET  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS M. CAMPILLO, MD.

PD

04/29/2002

Electronic Signature of Signing Officer or Director

Date