

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90036 033 ***158.75

027045 AV

DOCUMENT # P00000101155

1. Entity Name
R & P MEDICAL CENTER, INC.

Principal Place of Business

11880 SW 40TH STREET
SUITE 311-304
MIAMI FL 33175

Mailing Address

11880 SW 40TH STREET
SUITE 311-304
MIAMI FL 33175

2. Principal Place of Business

R & P Medical Center, Inc.
11880 SW 40th St #304

3. Mailing Address

11880 SW 40th St
Suite 304

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

Zip

33175

Country

4. FEI Number

65-1054900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~**SALDIVAR, ROCO**~~
~~**11880 SW 40TH STREET**~~
~~**SUITE 311**~~
~~**MIAMI FL 33175**~~

7. Name and Address of New Registered Agent

Name **Caridad M. Presas**
Street Address (P.O. Box Number is Not Acceptable) **11880 SW 40th St Suite 304**
City **MIAMI** **FL** **Zip Code** **33175**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/02
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	<input checked="" type="checkbox"/> Delete
NAME	SALDIVARI, ROCO	
STREET ADDRESS	11880 SW 40TH STREET #311	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Presas M. Caridad	
STREET ADDRESS	11880 SW 40th St #304 MIAMI, FL 33175	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 **305-228-4441**
DATE **Daytime Phone #**

CR2E034 (9/01)