

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUN 20 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000111615

1. Entity Name

M O MEDICAL SERVICES, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2001 nw 7 street

3. Mailing Address

2001 nw 7 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1062211

Applied For

Not Applicable

Zip

33125

Country

u.s.a.

Zip

33125

Country

u.s.a.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MANUEL, PENA

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

2001 NW 7 STREET

City

MIAMI

FL

Zip Code
33125

**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.

SIGNATURE PENA, MANUEL

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
PENA, MANUEL
2001 NW 7 STREET MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000006204270--0
-07/03/02--01054--016
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MARANON, OISVELSIS
2001 NW 7 STREET
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Manuel

4/20/2002

305-541-7813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)