

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91836 008 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

70030030

DOCUMENT # P00000111615					
1. Entity Name M.O MEDICAL SERVICES, CORP.					
Principal Place of Business 2001 NW 7 STREET MIAMI, FL 33125			Mailing Address 2001 NW 7 STREET MIAMI, FL 33125		
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 65-1062211			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PENA, MANUEL 2001 NW 7 STREET MIAMI, FL 33125			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature of officer or director of entity or registered agent and not applicable Signature of Registered Agent (must be signed after registration)					
9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PENA, MANUEL 2001 NW 7 STREET MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP OISVELSIS, MARANON 2001 NW 7 STREET MIAMI, FL 33125	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/22/03 305-541-7813 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Phone #					

CR2E034 (10/02)