02

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 8:01

DOCUMENT # P01000000783

1. Entity Name INCARE PHYSICIANS INCORPORATED

DO NOT WRITE IN THIS SPACE

02 UBR

9/4/02 90087 010 515.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11240 SW 30 Street	11240 SW 30 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number: 65-1042873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ERNESTO CHAVEZ

Street Address (P.O. Box Number is Not Acceptable): 11240 SW 30 Street

City: Miami **FL** Zip Code: 33165

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: ERNESTO CHAVEZ 12/9/2002 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P/S ERNESTO CHAVEZ 11240 SW 30 Street Miami, FL 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T ODALYS GARROTE 11240 SW 30 Street Miami, FL 33165
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CR2E034B (12/01)

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 the like empowered.

SIGNATURE: ERNESTO CHAVEZ 12/9/2002 305-552-5222

FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/16/02 ao

December 9, 2002

Department of State
Division of Corporations
Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

RE: INCARE PHYSICIANS INCORPORATED

Gentlemen:

Enclosed please find a revised 2001 Uniform Business Report requested by your office. Please note that while we have not received any correspondence from your office requesting the same, a call to your office inquiring about the requested changes revealed that correspondence had been sent out on or about September 6, 2002. In view of the foregoing, we would ask that you waive any additional penalties incurred as a result of the delay and that you make the requested changes immediately.

If you need anything further to process the foregoing, please contact me.

Sincerely,

ERNESTO CHAVEZ
INCARE PHYSICIANS INCORPORATED
11240 SW 30 Street
Miami, FL 33165