2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90107 045 ***150.00

DOCUMENT # P01000000783

1. Entity Name
INCARE PHYSICIANS INCORPORATED

Principal Place of Business	Mailing Address
11240 SW 30 STREET MIAMI FL 33165	11240 SW 30 STREET MIAMI FL 33165

☐ CHECK HERE IF MAKING CHANGES

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 ~~65-1042873~~ 65-1065452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHAVEZ, ERNESTO
11240 SW 30 STREET
MIAMI FL 33165

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHAVEZ, ERNESTO 11240 SW 30 STREET MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ODALYS, CHARROTE 11240 SW 30 STREET MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ODALYS GARROTE 11240 SW 30 STREET MIAMI FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: SIGNATURE REQUIRED 2/24/03 305-552-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 90036877
P01000000783

INCARE PHYSICIANS INCORPORATED

11240 SW 30 STREET
MIAMI, FL 33165

August 2, 2001

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

Re: UBR Report for 2001-3
Doc# P01000000783
FEI Number 65-1065452

Dear State Representative:

Please allow this letter to serve as statement that the FEI Number 65-1042873 is in error. The correct FEI Number is 65-1065452. Please be kind enough to update your records accordingly.

Thank you in advance for your consideration and understanding in regards to this matter.

Sincerely,

Odalys Charrote-Vice President

Enclosure