

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10f2

DOCUMENT # PO1000014740

1. Entity Name

COMPLETE MEDICAL SERVICES INC.

FILED

02 AUG 29 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

600007626866--7

-09/10/02--01018--014

\*\*\*\*150.00 \*\*\*\*150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2851 CORAL WAY

3. Mailing Address

2851 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33145

Country

US

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BERNAL, AMADO

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

240 NW 36TH COURT

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

X

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  
(PD) BERNAL, JESUS  
240 NW 36TH COURT  
MIAMI, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/02

CR2E034B (12/01)

20f2

COMPLETE MEDICAL SERVICES INC.  
DOC. # P01000014740

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

  
JESUS BERNAL  
PRESIDENT