

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

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90685 011 \*\*\*150.00

DOCUMENT # **P01000022681** ✓

1. Entity Name

*Management for Health Care Services Inc.*  
*meo*

**DO NOT WRITE IN THIS SPACE**

**41137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1101 SW 94<sup>th</sup> Ave*  
Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 667714*  
Suite, Apt. #, etc.

City & State

*Miami, FL*

City & State

*Miami, FL*

4. FEI Number

*65-1087392*

Applied For

☒ Not Applicable

Zip

*33174*

Country

*USA*

Zip

*33166*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Cindia Mestas*

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

*1101 SW 94<sup>th</sup> Ave*

City

*Miami*

FL

Zip Code

*33174*

**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

*Cindia Mestas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/28/02*

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 / OWNER*  
*Mestas, Cindia*  
*P.O. Box 667714*  
*Miami, FL 33174*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
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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:

*Cindia Mestas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/28/02* *305-962-3503*

CR2E034B (12/01)