FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 029 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023563

1. Entity Name

B & R MEDICAL CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3383 NW 7 ST	3383 NW 7 ST
Suite, Apt. #, etc. SUITE 213	Suite, Apt. #, etc. SUITE 213
City & State MIAMI FL.	City & State MIAMI, FL.
Zip 33125 Country	Zip 33125 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082235 ☐ 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 JOSE . PEREZ

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

1116 NW 126 CT.

City MIAMI FL. Zip Code 33182

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 ✕ _____ 5/16/02

Signature, typed or printed name of registered agent and title if entity officer. (NOTE: Signature of 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	PD
NAME	JOSE M. PEREZ
STREET ADDRESS	1116 NW 126 CT.
CITY-ST-ZIP	MIAMI FL. 33182
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: ✕ _____ 5/16/02 (305) 649-6610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #