

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91338 043 \*\*\*158.75

**DOCUMENT #** P01000024001

**1. Entry Name**

Ambulatory Management & Consulting, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
318 Indian Trace Road

**3. Mailing Address**  
318 Indian Trace Road

Suite, Apt. #, etc.  
736

Suite, Apt. #, etc.  
736

DO NOT WRITE IN THIS SPACE

City & State  
Weston, Florida

City & State  
Weston, Florida

**4. FEI Number**  
65-1147972

Applied For  
Not Applicable

Zip  
33326

Country  
Broward

Zip  
33326

Country  
Broward

**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  
Ruben T. Paradela

Street Address (P.O. Box Number is Not Acceptable)  
510 SW 168 Avenue

City  
Weston

FL Zip Code  
33326

**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**

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

Ruben T. Paradela

04/30/02

(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 \$81.25**  
**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/T/S  
Ruben T. Paradela  
510 SW 168 Avenue  
Weston, FL 33326

TITLE  
NAME  
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CITY - ST - ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben T. Paradela

04/30/02

954 232 5003

Date

Daytime Phone #

CR2E034B (12/01)