

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000024005

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: COORDINATED CARE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1750 WEST 56TH STREET
UNIT #101
HIALEAH, FL 33012

New Principal Place of Business:

9187 SW 96TH STREET
SUITE A
MIAMI, FL 33176 US

Current Mailing Address:

1750 WEST 56TH STREET
UNIT #101
HIALEAH, FL 33012

New Mailing Address:

9187 SW 96TH STREET
SUITE A
MIAMI, FL 33176 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TRUJILLO, SILVIA E
9187 SW 96TH STREET
MIAMI, FL 33176 US

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: LUIS M. VAZQUEZ

04/24/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TRUJILLO, SILVIA E
Address: 1750 WEST 56TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: TRUJILLO, SILVIA E
Address: 9187 SW 96TH STREET
City-St-Zip: MIAMI, FL 33176 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA E. TRUJILLO

PSTD

04/24/2002

Electronic Signature of Signing Officer or Director

Date