FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90064 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030127

1. Entity Name
Pargas Health Care Professional Finance Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7700 N. Kendall Dr.		7700 N. Kendall Dr.	
Suite, Apt. #, etc.: Suite 515		Suite, Apt. #, etc.: Suite 515	
City & State: Miami FL		City & State: Miami, FL	
Zip: 33156	Country: U.S.	Zip: 33156	Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1088523 ☐ 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: Carlos B. Pargas
Street Address (P.O. Box Number is Not Acceptable): 7700 N. Kendall Dr. Suite 515
City: Miami FL Zip Code: 33156

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] Carlos B. Pargas DATE: 2/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D/Pres, Treas, Secretary.
NAME	Carlos B. Pargas
STREET ADDRESS	7700 N. Kendall Dr. #515
CITY-ST-ZIP	Miami, FL 33156
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

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: [signature] Carlos B. Pargas 2/14/02 (305) 273-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #