

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 048 ***150.00

DOCUMENT # P01000041805

1. Entity Name
D C MEDICAL INC.



Principal Place of Business
**2450 S.W. 137TH AVENUE
#207
MIAMI FL 33175**

Mailing Address
**2450 S.W. 137TH AVENUE
#207
MIAMI FL 33175**

C/O Lopez Accounting

2. Principal Place of Business

3. Mailing Address

1800 W. 49 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#121

City & State

Healerh, FL

Zip

Country

Zip

Country

33012

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1101878**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, YOLEXIS
13850 S.W. 62ND ST.
#305
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, YOLEXIS 13850 S.W. 62ND ST #305 MIAMI FL 33183 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yolexis Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/19/03 305-226-1603
Date Daytime Phone #

CR2E034 (10/02)