

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90107 030 ***150.00

DOCUMENT #

1. Entity Name

P01000042843

MD HOME HEALTH CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7003 N. WATERWAY

Suite, Apt. #, etc.

STE 213

City & State

MIAMI, FL

Zip

33155

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1102179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT MEDEL

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

7003 N. WATERWAY DR STE 213

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☐

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	DIRECTOR GARCIA, EDNA K. 1025 SOROLLA AVE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS 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)(f), 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

Date

Daytime Phone #

R. MEDEL

4/30/02 (305) 2627871

Attachment
Doc. # PO 1000042843
677921

Secretary of State
Division of Corporations
Tallahassee, FL

Sept. 9/02

UBR

Dear Gentlemen:

On April 30, 2002 I mailed the yearly report with a \$150 check # 2543.

In reconciling my bank account I noticed that the check never cleared, so I pulled a blank from the web site, and I am again enclosing the report and a new check.


Truly Yours
R Medell