


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

DOCUMENT # P01000046884 <small>1. Entity Name</small> Fonseca Medical Services, Inc.	
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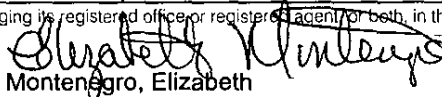
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1840 West 49th Street <small>Suite, Apt. #, etc.</small> 712 <small>City & State</small> Hialeah, FL <small>Zip</small> 33012 <small>Country</small> USA	3. Mailing Address - SAME - <small>Suite, Apt. #, etc.</small> <small>City & State</small> <small>Zip</small> <small>Country</small>
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4. FEI Number 65-1101627	Applied For <input type="checkbox"/> Not Applicable
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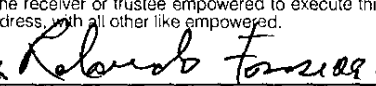
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	<small>Name</small> Montenegro, Elizabeth
	<small>Street Address (P.O. Box Number is Not Acceptable)</small> 1840 West 49th Street Suite 712
	<small>City</small> Hialeah <small>FL</small> <small>Zip Code</small> 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <small>SIGNATURE</small>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> Montenegro, Elizabeth <small>DATE</small> 03/18/2003

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	President Fonseca, Rolando 1840 W 49th Street Suite 712 Hialeah, FL 33012	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	200015278922 04/03/03--01013--014 **750.00
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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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 on an attachment with an address, with all other like empowered. SIGNATURE:  Fonseca, Rolando <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/18/2003 <small>Date</small>	305-818-0089 <small>Daytime Phone #</small>
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CR2E034B (12/02)

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