

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

AMENDED

09:04:2002 90088 006 \*\*\*61.25  
FILE P01000049900

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

078145

DOCUMENT # *P01000049900*

1. Entity Name

TRUCARE OF MIAMI, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1401 SW 107 AVE.

3. Mailing Address  
P.O. BOX 442869

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301-P

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
65-1105474

Applied For  
Not Applicable

Zip  
33174

Country  
USA

Zip

33144-2869

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Alberto A. Rodriguez, Esq.

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

1200 Brickell Ave., Suite 1680

City  
Miami, FL

FL

Zip Code  
33131

**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 re-registering)

8/27/02  
DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
Liliam A. Diego  
1401 SW 107 AVE., Suite 301-P  
Miami, FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

*8/27/02*

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

Liliam A. Diego  
Vice-President

8/27/02

305-559-2030

Date

Daytime Phone #

CR2E034B (12/01)