

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P01000054508**1. Entity Name
M.S. MEDICAL SERVICES, INC.**FILED**
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 021 ***158.75

Principal Place of Business

**1455 NW 14TH ST
MIAMI FL 33125**

Mailing Address

**1455 NW 14TH ST
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SARABIA, ERNESTO
1455 NW 14TH ST
MIAMI FL 33125**

7. Name and Address of New Registered Agent

**Name Eduardo Sarabia
Street Address (P.O. Box Number is Not Acceptable) 6850 Coral Way
Suite 400
City Miami FL 33155**

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) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002, Fee will be \$550.00
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	PVST	<input checked="" type="checkbox"/> Delete
NAME	SARABIA, ERNESTO	
STREET ADDRESS	1455 NW 14TH ST	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SARABIA, ERNESTO	
STREET ADDRESS	1455 NW 14TH ST	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarabia, Eduardo	
STREET ADDRESS	6850 Coral Way, Suite 400	
CITY-ST-ZIP	MIAMI, FL 33155	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sarabia, Eduardo	
STREET ADDRESS	6850 Coral Way, Suite 400	
CITY-ST-ZIP	MIAMI, FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, 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 #