2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
03-31-2003 90152 026 ***158.75

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DOCUMENT # P01000038504

1. Entity Name HIDALGO'S MEDICAL CENTER FOR EDUCATION AND TECHNOLOGY RESEARCH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3817 W. HUMPHREY ST.
Suite, Apt. #, etc. SUITE 204
City & State Tampa, FL
Zip 33614 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3724993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name HIDALGO, NELLY
Street Address (P.O. Box Number is Not Acceptable) 14308 WEDGEWOOD Ct, #127
City Tampa FL Zip Code 33613

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] CAROLINA PULIDO - 3817 W. Humphrey St. Suite 204 TAMPA - FLORIDA - 33614 4-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Hidalgo, NELLY 3817 W. Humphrey St. Suite 204 Tampa, FL 33614	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☒ ADD CAROLINA PULIDO 3817 W. Humphrey St. Suite 203-204 TAMPA - Fl. 33614.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] 03/26/03 (813) 931-8853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #