## FOR PROFIT SAPOR **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000063655

1. Entity Name

of the corporation or the rece attachment with an address,

SIGNATURE:

PREMIER MEDICAL SERVICE, INC



FILED

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DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE , TALL AHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address					500011135826 01/28/0301061032 **600.00		
	70TH ST	7248 NW 70TH ST			01/28/0301061032 **600.00		
Suite, Apt.	#, etc. `	Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	re	City & State			4. FEI Number 65 4449500		Applied For
MIÁMI, F		MIAMI, FL			65-1118599	-	Not Applicable
33166	Country US	33166	Count US	y .	5. Certificate of Status Besired	Certificate of Status Desired S8.75 Additional Fee Required	
				Nomo	Name and Address of Current Registered Agent		
DO NOT MOTE				Name LUIS GONZALEZ			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			disebelar (a SPES) : nami nerakinen	7248 NW 70TH ST			
				City MIAMI FL Zip Code 33166			Zip Code 33166
8. The above named mity 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 if yent.							
SIGNATURE Translation of a constant of a con							
00000001001001000000000000000000000000	hilary 1 May 1 Fee is \$150.00			er 00			
After May 1; Fee is \$550,00 Amended UBR is \$61.25						\$5.00 May Be Added to Fees	
Make Check	Payable to Florida Department o OFFICERS AND	connect the day.					
T-TLE	(PVDS) LUIS GONZALEZ						
NAME	1455 NW 14TH STREET				a distribution de la company de la compa La company de la company d La company de la company d	ausaidhe an neomhaid ga maighlean an aig	
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STREET ADDRESS			-60140404040	ADDLESS			

12. Thereby 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 it stusted empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

NATURE AND TYPED OF BUINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

CR2E034B (12/02)

## PREMIER MEDICAL SERVICE, INC

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

PRESIDENT