

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066239

1. Entity Name

Health Medical Services of South Florida, Inc.

FILED

FILED

Jul 15, 2002 8:00 A.M.

Secretary of State

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

21 10637 SW 88 Street

10637 SW 88 Street

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

4. FEI Number

Applied For

23 Miami FL

Miami, FL

65-1118602

Not Applicable

Zip

County

28 Zip

County

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

24 33176 25 Miami-Dade

33176 Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lolo Balderrana
7048 SW 103 Place
Miami, FL 33173

81 Marta Perez

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

83 10637 SW 88 Street

84 Miami FL 33176

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Marta Perez

7/11/02

Signature, typed or printed name of registered agent and title of 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, 2000 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

12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPSTVP ☐ DELETE
NAME Marta Perez
STREET ADDRESS 10637 SW 88 Street
CITY-ST-ZIP Miami, FL 33176

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

Marta Perez

7/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 07-15-02

NAME: HEALTH MEDICAL SERVICES OF SOUTH FLORIDA, INC.

TYPE OF FILING: UBR UPDATE

COST:

RETURN:

RECEIVED
02 JUL 15 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

