

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
 04-21-2002 90902 011 ***150.00

0192309 AV

DOCUMENT # P01000074519

1. Entity Name
CHOICE ONE MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

1455 NW 14TH STREET
MIAMI FL 33125

1455 NW 14TH STREET
MIAMI FL 33125



2. Principal Place of Business

3. Mailing Address

1490 W 49 Place
Suite 565
Hialeah, FL
33012

1490 W 49 Place
Suite 565
Hialeah, FL
33012

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1126858

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LLAMO, JULIO
1490 WEST 49TH PLACE
STE. 565
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Lazaro Siriani**
Street Address (P.O. Box Number is not acceptable) **1490 W 49 Place**
Suite 565
City **Hialeah** **FL** **33012**

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]*

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	LLAMO, JULIO	
STREET ADDRESS	1490 W. 49TH PLACE, STE. 565	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LLAMO, JULIO	
STREET ADDRESS	1490 W. 49TH PLACE, STE. 565	
CITY-ST-ZIP	HIALEAH FL 33012	
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	Pt.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lazaro Siriani	
STREET ADDRESS	1490 W 49 Place, Suite 565	
CITY-ST-ZIP	Hialeah, FL 33012	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)