

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90339 025 ***150.00

DOCUMENT # P01000078423

1. Entity Name

FAMILY MEDICAL GROUP HEALTH INC.

Principal Place of Business

**3750 WEST 16 AVENUE
 SUITE 306A
 HIALEAH FL 33012**

Mailing Address

**3750 WEST 16 AVENUE
 SUITE 306A
 HIALEAH FL 33012**

2. Principal Place of Business

**3750 West 16 Ave
 Suite, Apt. #, etc.
 306 A**

3. Mailing Address

**3750 West 16 Ave
 Suite, Apt. #, etc.
 306-A**

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

FL

Zip

33012

Country

FL

4. FEI Number

05-1128310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, VICTOR
 615 N.W. 133 CT.
 MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name **VICTOR GARCIA**

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

3750 West 16 Ave #306 A

City

Hialeah

FL

Zip Code

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, 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	D	<input type="checkbox"/> Delete
NAME	GARCIA, VICTOR N	
STREET ADDRESS	615 N.W. 133RD CT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, MARIA C	
STREET ADDRESS	615 N.W. 133RD CT	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 to this report.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VICTOR GARCIA
 Director**

4-30-02 (305) 364-1104

Date

Daytime Phone #

CR2E034 (9/01)