

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 007 ***150.00

DOCUMENT # P01000087102

1. Entity Name

CAROLINA MEDICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
525 NW 27TH AVENUE

3. Mailing Address
525 NW 27TH AVENUE

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE # 101

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33125

Country
MIAMI-DADE

Zip
33125

Country
MIAMI-DADE

4. FEI Number
65-1136508

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
TSIMOGIANNIS, JOHNNY

Street Address (P.O. Box Number is Not Acceptable)
770 PONCE DE LEON BLVD

SUITE 210

City
CORAL GABLES

FL Zip Code
33134

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
GONZALEZ, TANIA C
525 NW 27TH AVENUE, STE 101
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
GONZALEZ, TANIA C
525 NW 27TH AVENUE, STE 101
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Tania Gonzalez*

TANIA GONZALEZ

04/30/02 305-444-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)