

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088903

1. Entity Name
Y & A MEDICAL SERVICES, INC.

FILED
Jun 25, 2002 8:00 am
Secretary of State

04-24-2002 90286 029 ***150.00

Principal Place of Business Mailing Address
~~1455 NW 14TH ST.~~ 3383 NW 7th St 1455 NW 14TH ST. 3383 NW 7th St
~~MIAMI FL 33125~~ Ste-201 Miami FL 33125 Ste-201
FL 33125 Miami, FL 33125

94842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 05-1138172 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCHANTE, MAGALY 9807 W OKEECHOBEE RD
APT-212 HIALEAH FL 33016

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARCHANTE, MAGALY 1455 NW 14TH ST. MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARCHANTE, MAGALY 9807 W OKEECHOBEE RD #212 HIALEAH FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCHANTE, MAGALY 1455 NW 14TH ST. MIAMI FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: REQUIRED 04-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)