

FILED

03 JUN 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000088903

1. Entity Name
Y & A MEDICAL SERVICES, INC.Principal Place of Business
3383 NW 7TH ST.
STE 201
MIAMI, FL 33125Mailing Address
3383 NW 7TH ST.
STE 201
MIAMI, FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1138172

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERNANDEZ, ANTONIO
3383 N.W. 7TH ST.
STE. 102
MIAMI, FL 33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when withdrawing)

6/8/03

FILED WITH FEE IS \$160.00
After May 1, 2003 Fee will be \$550.00
Make check payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARCHANTE, MAGALY
STREET ADDRESS 9807 W OKEECHOBEE RD #212
CITY-ST-ZIP HIALEAH, FL 33016TITLE PST
NAME HERNANDEZ, ANTONIO J
STREET ADDRESS 3383 NW 7TH ST., STE. 201
CITY-ST-ZIP MIAMI, FL 33125TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/03 505 631 9900

CR2E034 (10/02)

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05/23/03--01032--002 **550.00