

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90095 045 ***150.00

DOCUMENT # P01000089771

1. Entity Name
R.A.M. MEDICAL SERVICES, INC.

Principal Place of Business

**1455 N.W. 14TH STREET
 MIAMI FL 33125**

Mailing Address

**1455 N.W. 14TH STREET
 MIAMI FL 33125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1490 W 49th PL

Suite, Apt. #, etc.

Suite 365

City & State

Hialeah, FL

Zip

33012

Country

USA

3. Mailing Address

1490 W 49th PL

Suite, Apt. #, etc.

Suite 365

City & State

Hialeah, FL

Zip

33012

Country

USA

4. FEI Number

65-1139830

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, RAUL
 1455 N.W. 14TH STREET
 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.

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 **PST** ☐ Delete
 NAME **MARTINEZ, RAUL**
 STREET ADDRESS **1455 N.W. 14TH STREET**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **VPD** ☐ Delete
 NAME **MARTINEZ, RAUL**
 STREET ADDRESS **1455 N.W. 14TH STREET**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Raul Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/3/02

Daytime Phone #

305-821-2774

CR2E034 (9/01)