

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90002 026 ***150.00

DOCUMENT # **PO1 000090373** ✓

1. Entity Name

ANGEL MEDICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1490 W 49 Pl

3. Mailing Address

1490 W 49 Pl

Suite, Apt. #, etc.

#265

Suite, Apt. #, etc.

#265

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

US

Zip

33012

Country

US

4. FEI Number

65-1137735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANA MEDINA

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

55 W 7 St #16

Hialeah

City

FL

Zip Code

33010

**DO NOT WRITE
IN THIS SPACE**

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]

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/28/02

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

PRESIDENT (P)

ANA MEDINA

55 W 7 St #16

HIALEAH, FL 33010

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SECRETARY (S)

YEYLYS MIERDABLES

55 W 7 St #16

HIALEAH, FL 33010

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/02

Date

(305) 805-0964

Daytime Phone #

CR2E034B (12/01)