

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90180 006 \*\*\*150.00

DOCUMENT # P01000094574

1. Entity Name

SMP MEDICAL SERVICES, CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4471 NW 36 ST

3. Mailing Address

4471 NW 36 ST

Suite, Apt. #, etc.  
231

Suite, Apt. #, etc.  
231

DO NOT WRITE IN THIS SPACE

City & State

MIAMI SPRINGS, FL 33166

City & State

MIAMI SPRINGS, FL

4. FEI Number

65-1140565

Applied For

Not Applicable

Zip  
33166

Country  
U.S.A

Zip  
33166

Country  
U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FRANK POZO

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

4471 NW 36 ST # 231

City

MIAMI SPRINGS,

FL

Zip Code  
33166

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

*FRANK POZO*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/14/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FRANK POZO  
4471 NW 36 ST #231  
MIAMI SPRINGS, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/14/03*

*(786) 777-7683*

CR2E034B (12/02)