

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # R01000095666
 Entry Name
 MIAMI HEALTH CARE SERVICES, INC.

FILED

02 JUN 03 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
 6595 NW 36TH STREET
 SUITE 205A
 MIAMI FL 33166

2. Mailing Address
 6595 NW 36TH STREET
 SUITE 205A
 MIAMI FL 33166

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 03-0444750
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHILIPP, CONSUELO
 6595 NW 36TH STREET
 SUITE 205A
 MIAMI FL 33166

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]* 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESVPT PHILIPP, CONSUELO 6595 NW 36TH STREET MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600005753706--4 -06/11/02--01077--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRESVPT PHILIPP, CONSUELO 6595 NW 36TH STREET MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: 6/1/02

CI12E034 (0/01)

MIAMI HEALTH CARE SERVICE, INC.
6595 NW 36TH STREET
SUITE 205A
Miami, Florida 33166

June 04, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Uniform Business Report Filings

Re: UBR-2002
EIN- 03-0444750

Gentlemen:

Please enclosed find a check for \$150.00, and filing fee form/2002.

We never received UBR form because we moved from 6595 N.W. 36 ST Suite 205A Miami, Florida 33166 to 6595 N.W. 36 Street Suite 321 Miami, Florida 33166, later we came back to first address.

Please accept our payment, and sorry for the inconvenience..

Very Truly

Enclosed copies of leases showing change of suite number. At the present time we moved back to suite 205A.



CONSUELO PHILIPP - Pres