

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90096 039 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P01000095666**

1. Entity Name  
**MIAMI HEALTH CARE SERVICES, INC.**



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

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



2. Principal Place of Business  
*1393 SW 1ST*

3. Mailing Address  
*1393 SW 1ST*

Suite, Apt. #, etc. *Ste 409*

City & State  
*Miami FL*

City & State  
*Miami, FL*

4. FEI Number **03-0444750**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip *33135* Country *U.S* Zip *33135* Country *U.S*

CHECK HERE IF MAKING CHANGES

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)  
*6478 SW 11 ST*

City *Miami* FL Zip Code *33144*

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]* DATE *3/3/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	DPST PHILIPP, CONSUELO VP 6595 NW 36TH STREET MIAMI FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Philipp, Consuelo VP 6478 SW 11 ST Miami FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** DATE *3/03/03* DAYTIME PHONE # *(305) 903 0712*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR