Jul 31, 2003 8:00 am Secretary of State

07-31-2003 90073 009 \*\*\*550.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000101177

1. Entity Name

H.L.O. MEDICAL SERVICE CORP.

Principal Place of Business 13500 S.W. 88 ST. STE. 295A MIAMI FL 33186			Mailing Address 13500 S.W. 88 ST. STE. 295A MIAMI FL 33186	13500 S.W. 88 ST. STE. 295A						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			<b>                                    </b>	<b> </b>		
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State		4. FEI Number	. FEI Number 65-1156426		pplied For ot Applicable	
Zip Country			Zip	Zip Country		5. Certificate of S	5. Certificate of Status Desired Security Securi			
<del></del>	6. Name a	nd Address of Curre	nt Registered Agent	legistered Agent		7. Name and Ad	7. Name and Address of New Registered Agent			
					Name	<del></del>	· · · · · · · · · · · · · · · · · · ·			
PEREZ, R				Street Address (I		(P.O. Box Number is	O. Box Number is Not Acceptable)			
STE. 295	W. 88 ST. A						,	<u> </u>		
MIAMI FL	. 33186			City			FL	Zip Coc	le	
	e named entity s tions of register		t for the purpose of changing its	s register	ed office or registe	red agent, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature broad or	orinted name of registered ag	ent and title if annimable /NO	F: Renistere	d Agent signature require	d when reinetaling)	DATE		<del></del>	
	olgilatore, typed or	DI MED HELIO OI TEGLISIONEO EG	an and me i applicable. (110	L. Hogistero	A Agent signature raquire	d when emalaling)				
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						I	n Campaign Financing fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS AN	DIRECTOR	S IN 11	
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SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_

Date

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 audiess with all other like empowered.

Daytime Phone #