

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90104 035 ***150.00

DOCUMENT # P01000104601

1. Entity Name
AMERICARD MEDICAL, INC.



Principal Place of Business
**7750 TAFT ST
PEMBROKE PINES FL 33024**

Mailing Address
**7750 TAFT ST
PEMBROKE PINES FL 33024**



2. Principal Place of Business

AMERICARD MEDICAL

Suite, Apt. #, etc.

7750 TAFT ST

City & State
Pembroke Pines, FL

Zip
33024

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1156222**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PICCO, PATRICIA E

491 RACQUET CLUB RD #110 320 S. FLAMINGO RD.

WESTON FL 33324

#165

Pembroke Pines, FL 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PSD** ☐ Delete
NAME **PICCO, PATRICIA E**
STREET ADDRESS **TAFT ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)