2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000110485

1. Entity Name

HEALTH MED-CARD, INC.

Principal Place of Business	Mailing Address
5870 W FLAGLER STREET MIAMI FL 33144	5870 W FLAGLER STREET MIAMI FL 33144

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154630 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
MACHADO, ALEJANDRO 5870 W FLAGLER STREET MIAMI FL 33144	Name Ramon De Jesus Hernandez Street Address (P.O. Box Number is Not Acceptable) 5870 W Flagler Street 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 _____ Ramon De Jesus Hernandez 8/1/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST NAME MACHADO, ALEJANDRO STREET ADDRESS 5870 W FLAGLER STREET CITY-ST-ZIP MIAMI FL 33144	☒ Delete	TITLE PVST NAME Hernandez, Ramon De Jesus STREET ADDRESS 5870 W. Flagler Street CITY-ST-ZIP Miami, fl 33144	☒ Change ☐ Addition
TITLE D NAME MACHADO, ALEJANDRO STREET ADDRESS 5870 W FLAGLER STREET CITY-ST-ZIP MIAMI FL 33144	☒ Delete	TITLE D NAME Hernandez, Ramon De Jesus STREET ADDRESS 5870 W. Flagler Street CITY-ST-ZIP Miami, Fl. 33144	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	0000007112830--0 -08/14/02--01055--025 ****550.00 ****550.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Ramon De Jesus Hernandez(Pres) 8/1/02 (305)262-5900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _HEALTH MED-CARD INC_
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

☒ Walk in   ☒ Pick up time _2.00_   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
X	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	