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FILED
Jul 04, 2002 8:00 am
Secretary of State

05-17-2002 90022 001 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111731

1. Entity Name
FINE MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1455 NW 14TH ST MIAMI FL 33125	1455 NW 14TH ST MIAMI FL 33125

2. Principal Place of Business	3. Mailing Address
FINE MEDICAL SERVICES	7220 NW 36 ST
Suite, Apt. #, etc. 622	Suite, Apt. #, etc. 622
City & State MIAMI FL	City & State MIAMI FL
Zip 33166 Country	Zip 33166 Country

4. FEI Number 65 1157599 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, DARLENE
1455 NW 14TH ST
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name: Bou J Morales
Street Address (P.O. Box Number is Not Acceptable): 7505 SIMMONS ST
City: BROOKSVILLE FL Zip Code 34613

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

06/26/02
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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROMAN, DARLENE 1455 NW 14TH ST MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, DARLENE 1455 NW 14TH ST MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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

Date

Daytime Phone #