

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90047 018 \*\*\*150.00

**DOCUMENT # P01000113961**

1. Entity Name  
**WESTCHESTER MEDICAL ASSOCIATES, INC.**

Principal Place of Business

3191 CORAL WAY, STE. 303  
 MIAMI FL 33145

Mailing Address

3191 CORAL WAY, STE. 303  
 MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156673

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

**KLEIN, BRENT D**  
**801 BRICKELL AVE., STE. 1901**  
**MIAMI FL 33131**

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

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 **D** ☐ Delete  
 NAME **ARMAS, JOSE**  
 STREET ADDRESS **3191 CORAL WAY, STE. 303**  
 CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE **D** ☐ Delete  
 NAME **ALARCON, EDUARDO**  
 STREET ADDRESS **3191 CORAL WAY, STE. 303**  
 CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02

305-461-6060

CR2E034 (4/02)

*Attachment*

Medical Care Consortium, Inc. 876590

*P01000113961*

August 28, 2002

Division of Corporations  
Uniforms Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

To Whom It May Concern:

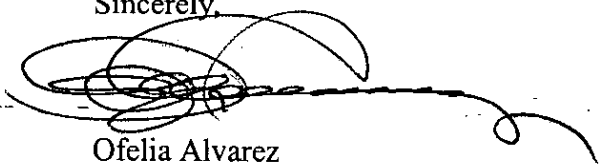
Attached you will find corrected Document # P01000113961 with FEI # 65-1156673 that was missing when original application was filed on March 18, 2002 with check # 1074 in the amount of \$150.00. Your office recorded document on March 31, 2002 by # 90047-018.

As per telephone conversation with your office on August 21, 2002 we were instructed to return the form with the missing information and a letter requesting to waive the new charges due to the fact that we did not receive explanatory letter from your office.

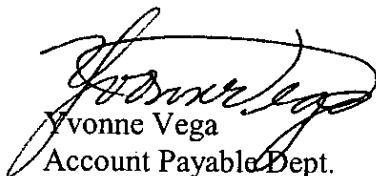
We kindly request that you waive the new charges for us. Please accept our apologies for the inconvenience.

Thank you in advance for your cooperation in this matter. If you have any questions don't hesitate to contact us at 305-461-6060 ext. 24 or 18.

Sincerely,



Ofelia Alvarez  
Finance Director



Yvonne Vega  
Account Payable Dept.