FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90181 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014715

1. Entity Name
MB MEDICAL SERVICES, CORP.

Principal Place of Business
~~4455 NW 15TH ST.~~
~~MIAMI, FL 33125~~

Mailing Address
~~4455 NW 15TH ST.~~
~~MIAMI, FL 33125~~

2. Principal Place of Business: 16201 SW 95 AVE
Suite, Apt. #, etc.: #210
City & State: MIAMI FL.
Zip: 33157 Country: USA

3. Mailing Address: 16201 SW 95 AVE
Suite, Apt. #, etc.: #210
City & State: MIAMI FL
Zip: 33157 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0596100 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
INFANTE, ELOISA
~~4455 NW 15TH ST.~~
~~MIAMI, FL 33125~~

7. Name and Address of New Registered Agent
Name: INFANTE ELOISA
Street Address (P.O. Box Number is Not Acceptable): 16201 SW 95 AVE.
#210
City: MIAMI FL Zip Code: 33157

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: E Infante — ELOISA INFANTE — REGISTERED AGENT — 02/20/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	PVST	☐ Delete
NAME	INFANTE, ELOISA	
STREET ADDRESS	~~4455 NW 15TH ST.~~	
CITY-ST-ZIP	~~MIAMI, FL 33125~~	
TITLE	D	☐ Delete
NAME	INFANTE, ELOISA	
STREET ADDRESS	~~4455 NW 15TH ST.~~	
CITY-ST-ZIP	~~MIAMI, FL 33125~~	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	PVST	☒ Change ☐ Addition
NAME	INFANTE ELOISA	
STREET ADDRESS	16201 SW 95 AVE #210	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		☒ Change ☐ Addition
NAME	INFANTE ELOISA	
STREET ADDRESS	16201 SW 95 AVE #210	
CITY-ST-ZIP	MIAMI FL 33157	

CR2E034 (10/02)

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: E Infante — ELOISA INFANTE — PRESIDENT — 02/20/03 — ( ) 249-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #