FILED
Jun 12, 2003 8:00 am
Secretary of State
04-24-2003 90245 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015375

55047831

1. Entity Name
LEAH'S MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1455 NW 15TH ST. MIAMI FL 33125	1455 NW 15TH ST. MIAMI FL 33125

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Leah's Medical Serv	1490 W 49 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 315
City & State	City & State Hialeah FL 33012
Zip / Country	Zip / Country

4. FEI Number 01-0596092 ☒ 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
VALDES, LISSET M 1455 NW 15TH ST. MIAMI FL 33125	Name Valdes - Lisset M Street Address (P.O. Box Number is Not Acceptable) 1490 W 49 PL Suite 315 City Hialeah FL Zip Code 33012

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

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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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST VALDES, LISSET M 1455 NW 15TH ST. MIAMI FL 33125	☒ Delete	Valdes Lisset M 1490 W 49 PL suite 315 Hialeah FL 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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CR2E004 (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: SIGNATURE REQUIRED 04/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date