## UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 04, 2003 8:00 am Secretary of State

L Entity Name P02000020343							04-04-2003 90127 045 ***150.00			
Guanche Medical Services, Inc.							04-04-2003 90127 04	13 ***130.	00	
	a de la companya de l									
Bessiest Place of	Section 1	Mailing Address								
Principal Place of Business Mailing Address										
							10058405			
}					_		10030403			
1	6 D	3 Mailin Addmin			<del></del>					
2. Principal Place of 21 7800 SW 56		3. Mailing Address	7800 SW 56th Avenue							
21   7800 SW 56   Suite, Apt. #, etc.	IN Avenue	}	26 Suite, Apt. #, etc.							
22 Suite 225B		Suite 225B								
City & State		27 City & State					4. FEI Number	App	plied For	
23 Miami FL		Miami, FL					27-0002553	Not.	Applicable	
Zip	County	28 Zip County					5. Certificate of Status Desired	\$8.75 Ac		
24 33143	25 Dade	33143 Dade				Fee Required				
							Name and Address of New Registered Agent			
	<u></u>			81	Regla G. T	Corres-l	Perdomo	<del></del>		
Alex D. Rodn			82	Street Addr	ress (P.O. Box Number is Not Acceptable)					
7800 Red Roa	gue2 d		T		7800 SW S	S6th A	venue, Suite 225B	<del></del>		
STE 126 South Miami.	FI. 33143	•		83			·	<u>·</u>		
				84	Miami	•	FL 33	3143		
8. The above name	ed entity submits this statement	for the purpose of changi	ng its reg	iste	red agent, or	both, in	the State of Florida			
SIGNATURE X	11. Coursel		Regla	G.	Torres-Perde	ото				
Sign	influre, typed or printed same of registers					oi signatuj	r required when reinstating) DATE			
	n is eligible to satisfy its intangib irement and elects to do so	Anter MAT 1, 2	000 Fee w	III b	× \$550 00		ection Campaign Financing Trust and Contribution	\$5.00 M	-	
(See criteria o	n back)		ie io Dep	ក្ន	leni or Size			Hadea to	rees	
11.	OFFICERS AND DIRE		12		ADDI	· • · · · · · · · · · · · · · · · · · ·	CHANGES TO OFFICERS AND DIR			
NAME	Alex D. Rodriguez	DELETE	1.1 TJT 1.2 NA	ME Regia		Regia	G. Torres-Perdomo	Change 💹	Addition	
STREET ADDRESS	7800 SW 56th Avenue Suite 225B					7800 S Suite 2	SW 56th Avenue 25B			
CITY-ST-ZIP	Miami, FL 33143	<u> </u>	1.4 CIT		T-ZIP	Miami	, FL 33143			
TITLE NAME		☐ DELETE	2.1 TTT 2.2 NA			Secret	ary G. Torres-Perdomo	Change 🔣	Addition	
STREET ADDRESS			2.3 STREET ADDRESS 780			7800 S Suite 2	SW 56th Avenue			
CITY-ST-ZIP				2.4 CITY-ST-ZIP Mism			TT 331//3			
TITLE NAME				3.1 TITLE Treasi			irer 🗍 ( G. Torres-Perdomo	Change 💢	Addition	
STREET ADDRESS	,	٠٠			T ADDRESS	7800 S	W 56th Avenue			
CITY-ST-ZIP	·		3 4 CIT			Suite 2 Miami	25B .FL 33143			
TTILE		DELETE	4.1 TIT					Change 🔲	Addition	
STREET ADDRESS	. \		42 NA		T ADDRESS					
CITY-ST-ZIP	·		4.4 CIT							
TITLE		DELETE	5.1 TT	LE				Change [	Addition	
NAME STREET ADDRESS	•		5.2 NA		)					
CITY-ST-ZIP		•	5.4 CIT		T ADDRESS T-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 111	_			П	Change [	Addition	
NAME STREET ADDRESS			6.2 NA					~ <del>~</del>		
CITY-ST-ZIP			6.3 STR 6.4 CIT		T ADDRESS					
13. I do hereby cert	ify that the information supplied	with this filing does not	nualify fo	or th	14 exemption	stated	in Section 119.07(3)(i), Florida Statutes	s. I further co	entify that	
oath; that I am an o	officer or director of the corporal	ippicmental annual repor	t 15 igue a Islee emn				signature shall have the same legal ef report as required by Chapter 607, Flor			
my mane appears in	יוט זמי של בייטוב אין אין אין אין	Section with an acroness	y .			c mis;t	2 04 m	ion saturs;	, who that	
SIGNATURE 51	GNATURE AND TYPED OR PRINTED	Regla G. To	rres-Perd	ome	0	<u>`</u>	Di X4 ID			

Daytime Phone 6