

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90128 037 \*\*\*150.00

**DOCUMENT # P02000025882**

1. Entity Name  
**CDC HEALTH SERVICES, INC.**



Principal Place of Business  
**10411 SW 56 TERR.  
MIAMI FL 33173**

Mailing Address  
**10411 SW 56 TERR.  
MIAMI FL 33173**



2. Principal Place of Business

3. Mailing Address

**3118 N.W. 99th Place**  
Suite, Apt. #, etc.

**3118 N.W. 99th Place**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami Florida**

4. FEI Number  
**03-040-7113**

Applied For  
Not Applicable

Zip Country  
**33172 Miami-Dade**

Zip Country  
**33172 Miami-Dade**

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

**CARRODEGUAS, CLAUDIA D**  
**10411 SW 56 TERR.**  
**MIAMI FL 33173**

Name **Carrodegua Claudia D**

Street Address (P.O. Box Number is Not Acceptable)

**3118 N.W. 99th Place**

City **FL** Zip Code **33172**

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

**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 **PD** ☐ Delete  
NAME **CARRODEGUAS, CLAUDIA D**  
STREET ADDRESS **10411 SW 56 TERR.**  
CITY-ST-ZIP **MIAMI FL 33173**

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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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/03**  
Date

Daytime Phone #

CR2E034 (10/02)