

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

03-17-2003 90719 027 ***150.00
05-05-2003 91452 015 ***150.00

DOCUMENT # P02000026359	
1. Entity Name ADVANCE MED.CARE.INC.	

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 6555 NW 36TH STREET Suite, Apt. #, etc. SUITE 205 City & State VIRGINIA GARDENS, FL Zip 33166	3. Mailing Address 6555 NW 36TH STREET Suite, Apt. #, etc. SUITE 205 City & State VIRGINIA GARDENS, FL Zip 33166
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 02-0560448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name JOHNNY TSIMOGIANNIS	
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD	
SUITE 601	
City CORAL GABLES	Zip Code FL 33134

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  **JOHNNY TSIMOGIANNIS** **05/01/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD EULISES ESCALONA 6555 NW 36 ST, STE 205 VIRGINIA GARDENS, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANA MARIA APARICIO 6555 NW 36 ST, STE 205 VIRGINA GARDENS, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **EULISES ESCALONA** **05/01/03** **305-870-0911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)