

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-26-2003 90131 031 ***150.00

DOCUMENT # P02000036699



1. Entity Name
ALL-MED INFUSION SERVICES, INC.

Principal Place of Business
**14101 COMMERCE WAY
MIAMI LAKES FL 33016**

Mailing Address
**14101 COMMERCE WAY
MIAMI LAKES FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0454307**

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

**WILSON, J EVERETT ESQ
2151 LE JEUNE RD MEZZANINE
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME **D**
STREET ADDRESS **RODRIGUEZ, RAUL**
CITY-ST-ZIP **14101 COMMERCE WAY**
MIAMI LAKES FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Pres.

3-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

30454317 WY 01 000000 200239

6525

SB V



Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201

Attachment

88022928

#P02000036699

Employer Identification Number:

03-0454317

Number of this Notice: CP- 136

Form: 941 Tax Period: 0000

For assistance you may call us at:
1-800-829-1040



ALL-MED INFUSION SERVICES INC
14101 COMMERCE WAY
MIAMI LAKES FL 33016-1513016

YOUR 2003 FEDERAL TAX DEPOSIT REQUIREMENTS

This letter explains your Form 941 federal tax deposit requirements for 2003. No response is needed, but please review the following information carefully.

Monthly Schedule Depositor - In October, we reviewed the Forms 941 you filed for the quarters ending September 30, 2001, December 31, 2001, March 31, 2002, and June 30, 2002, to determine your deposit requirements for 2003. You are a monthly depositor because your total tax liability for the four quarters was less than \$50,000. This means that when you pay wages for any one month, your deposit is due by the 15th day of the following month.

\$100,000 Next-Day Deposit Rule - If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a calendar month, your deposit is due by the next banking day. After that, you must make your deposits semi-weekly rather than monthly. Semi-weekly means that if you pay wages on Wednesday, Thursday, or Friday, your deposit is due by the following Wednesday. If you pay wages on Saturday, Sunday, Monday, or Tuesday, your deposit is due by the following Friday. If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a semi-weekly period, your deposit is due the next banking day.

\$2,500 Rule - If your total tax liability for any quarter is less than \$2,500, you can pay the amount when you file your Form 941 instead of making deposits. If you're not sure your total tax liability for the quarter will be less than \$2,500, deposit using the monthly rules so you won't be subject to failure to deposit penalties.

It is your responsibility to determine which deposit schedule you should follow. Please contact us if you have problems making your first deposit as a result of your 2003 deposit schedule.

ELECTRONIC DEPOSIT REQUIREMENT

You must make your deposits electronically in 2003 if your total tax deposits during the 2001 calendar year exceeded \$200,000, or if you were required to use the Electronic Federal Tax Payment System (EFTPS) in 2002.

Please call the IRS office nearest you if you have any questions or want information about enrolling in EFTPS.

Helpful Hint: For faster service, try calling us any day except Monday when our call volumes are highest.